

# **Health and Human Services Appropriations Act House File 2460**

Last Action:

**ENACTED  
Item Vetoed**

May 27, 2016

**An Act relating to appropriations for health and human services and veterans and including other related provisions and appropriations, and including effective date and retroactive and other applicability provisions.**

**Fiscal Services Division  
Legislative Services Agency**

## **NOTES ON BILLS AND AMENDMENTS (NOBA)**

Available on line at <https://www.legis.iowa.gov/publications/information/appropriationBillAnalysis>

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**FUNDING SUMMARY**

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**General Fund FY 2017:** Appropriates a total of \$1,837.0 million from the General Fund and 5,070.6 FTE positions to the Department on Aging (IDA), Departments of Public Health (DPH), Human Services (DHS), Veterans Affairs (IVA), the Iowa Veterans Home (IVH), and Department of Agriculture and Land Stewardship (DALs). This is a decrease of \$63.5 million and an increase of 241.1 FTE positions compared to estimated net FY 2016. This includes a \$67.0 million supplemental appropriation for Medicaid in SF 2109 (FY 2016 Supplemental Appropriations Act).

**Other Funds FY 2017:** Appropriates a total of \$439.1 million from other funds. This is an increase of \$7.6 million compared to estimated net FY 2016.

**Federal Funds FY 2016:** Appropriates \$6.9 million from the federal Social Services Block Grant (SSBG) to the DHS. This is a decrease of \$4.9 million compared to estimated net FY 2016.

**General Fund Supplemental Appropriations for FY 2016:** Provides no net change from the General Fund for FY 2016. The changes include \$15.0 million in deappropriations with all funds being appropriated to Medicaid.

**Standing Appropriations FY 2017:** In addition to the actual appropriations in this Act, the attached tracking includes the following standing appropriations and unappropriated FTE positions that are automatically appropriated in statute:

- \$233,000 to the DPH for the registry for congenital and inherited disorders.
- \$233,000 to the DHS for child abuse prevention.
- \$1,400 to the DHS for the Commission of Inquiry.
- \$143,000 to the DHS for nonresident mental illness commitment.

**NEW PROGRAMS, SERVICES, OR ACTIVITIES**

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***Department of Agriculture and Land Stewardship***

**Iowa Emergency Food Purchase Program:** Establishes the Iowa Emergency Food Purchase Program through the Department of Agriculture and Land Stewardship and provides a \$100,000 appropriation.

Page 109, Line 19

***Department of Human Services***

**Children's Mental Health and Well-Being Workgroup:** Directs the DHS, in cooperation with the

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## EXECUTIVE SUMMARY

HOUSE FILE 2460

### HEALTH AND HUMAN SERVICES APPROPRIATIONS ACT

Department of Public Health and the Department of Education, to establish a Request for Proposals (RFP) process for the purpose of contracting for two planning grants for the development and implementation of children's mental health crisis services.

**Nursing Facility Supplemental Payment Program:** Creates Non-State Government-Owned Nursing Facility Upper Payment Limit Supplemental Payment Program to provide a supplemental payment to nursing facilities for various activities. This Program is intended to be budget neutral to the state.

Page 89, Line 14

#### *Department of Public Health*

**Opioid Antagonist Authorization Act:** Amends SF 2218 (Opioid Antagonist Authorization Act) to clarify that a person in a position to assist may be prescribed an opioid antagonist. Permits, rather than requires, the DPH to adopt rules to administer the Opioid Antagonist Authorization Act. Strikes the section that implements the Act on the contingency of funding availability.

Page 82, Line 18

#### *Economic Development Authority*

**RefugeeRISE AmeriCorps Program:** Expands the RefugeeRISE AmeriCorps Program for refugee members to gain work and leadership experience through assisting fellow refugees through community service. The DHS will transfer \$300,000 to the Iowa Economic Development Authority's Iowa Commission on Volunteer Service for the purpose of recruiting and training thirty RefugeeRISE AmeriCorps members to be integrated into five communities over three years.

Page 95, Line 22

### MAJOR INCREASES/DECREASES/TRANSFERS OF EXISTING PROGRAMS

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**Department on Aging:** Appropriates \$12.5 million and 31.0 FTE positions. This is an increase of \$1.1 million and 4.0 FTE positions compared to estimated net FY 2016.

Page 1, Line 8

**Office of Long-Term Care Ombudsman:** Appropriates \$1.4 million and 18.0 FTE positions. This is an increase of \$100,000 and 3.0 FTE positions compared to estimated net FY 2016.

Page 3, Line 27

**Department of Public Health:** Appropriates \$59.4 million and 185.0 FTE positions. This is a decrease of \$346,000 and an increase of 3.0 FTE positions compared to estimated net FY 2016. The significant changes include:

Page 4, Line 15

- A decrease of \$275,000 to the Addictive Disorders appropriation.
- An increase of \$1.1 million to the Healthy Children and Families appropriation.
- An increase of \$125,000 to the Chronic Conditions appropriation.

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- A decrease of \$1.5 million and an increase of 2.0 FTE positions to the Community Capacity appropriation.
- An increase of \$60,000 and 1.0 FTE position to the Public Protection appropriation.
- An increase of \$150,000 to the Resource Management appropriation.

**Department of Veterans Affairs and Iowa Veterans Home:** Appropriates \$12.3 million and 15.0 FTE positions. This is no change compared to estimated net FY 2016.

Page 20, Line 26

**Department of Human Services:** Appropriates \$1.75 billion from the General Fund and 4,821.6 FTE positions. This is a net decrease of \$64.5 million and 231.1 FTE positions compared to estimated net FY 2016. This includes a \$67.0 million supplemental appropriation for Medicaid in SF 2109 (FY 2016 Supplemental Appropriations Act). Significant changes include:

Page 22, Line 8

- A net increase of \$3.9 million for the Family Investment Program/PROMISE JOBS
- A net decrease of \$66.9 million for the Medicaid Program.
- A net decrease of \$2.6 million for Medical Contracts.
- A decrease of \$286,000 for the State Supplementary Assistance Program.
- A net decrease of \$11.2 million for State Children's Health Insurance Program (hawk-i Program).
- A net decrease of \$5.0 million for the Child Care Assistance Program.
- A net decrease of \$860,000 for Child and Family Services.
- A net increase of \$48,000 for the Adoption Subsidy Program.
- An increase of \$17.3 million for the two Mental Health Institutes (MHIs).
- A decrease of \$1.3 million for the two State Resource Centers.
- An increase of \$300,000 for the Civil Commitment Unit for Sexual Offenders.
- A decrease of \$4.5 million for Field Operations.
- An increase of \$775,000 for General Administration.
- An increase of \$2.9 million for all DHS facilities.
- An increase of \$3.0 million for Regional Mental Health Grants.

**Temporary Assistance for Needy Families (TANF) Federal Block Grant:** Appropriates \$146.0 million for FY 2017. This is a net increase of \$11.0 million compared to estimated net FY 2016.

Page 22, Line 12

**Pharmaceutical Settlement Account:** Appropriates \$1.3 million for FY 2017. This is a decrease of \$702,000 compared to estimated net FY 2016.

Page 67, Line 37

**Quality Assurance Trust Fund:** Appropriates \$36.7 million for FY 2017. This is an decrease of \$500,000 compared to estimated net FY 2016.

Page 68, Line 12

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**SUPPLEMENTAL APPROPRIATIONS**

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**Department of Human Services:** Provides a \$15.0 million General Fund supplemental appropriation for Medicaid for FY 2016, but no net change due to decreases in various FY 2016 appropriations.

Page 70, Line 4

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**STUDIES AND INTENT**

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***Department of Human Services***

**Home and Community-Based Services Report:** Requires the DHS to report regarding changes in supported employment and prevocational services. The report is due to the Chairpersons and Ranking Members of the Health and Human Services Appropriations Subcommittee, legislative caucus staffs, and the LSA by December 15, 2016.

Page 38, Line 24

**Hospital Health Care Access Assessment Review:** Requires the DHS to explore alternatives to the current hospital assessment methodology and make recommendations to the Governor and the General Assembly by December 15, 2016. *The Governor vetoed this report.*

Page 75, Line 23

**Children's Mental Health Crisis Services Planning Report:** Directs the DHS to compile reports from each children's mental health crisis services planning grant awardee and submit a full legislative report, including conclusions and recommendations, to the General Assembly by January 15, 2017.

Page 80, Line 31

**Children's Well-Being Report:** The DHS shall submit a report on existing programs engaged in addressing the well-being of children with complex needs and their families, including lessons learned, policy changes, best practices, implications for funding, and recommendations. The report is due to the General Assembly by January 15, 2017.

Page 80, Line 36

**Children's Mental Health Crisis Services and Public Awareness Campaign Report:** Directs the DHS, in consultation with the DPH, the Mental Health and Disability Services Commission, and the Mental Health Planning Council, to submit a legislative report with recommendations for a statewide children's mental health crisis service system, including current children's mental health crisis service systems and telephone lines, and a children's mental health public education and awareness campaign. The report is due to the General Assembly by December 15, 2016.

Page 81, Line 16

**Mental Health and Disability Services Redesign Progress Report:** Requires the DHS to report the progress of the implementation of the Adult Mental Health and Disability Services System redesign to the Governor and General Assembly by November 15, 2016.

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**Medicaid Managed Care Oversight:** Sets up a structure for oversight of the Medicaid Managed Care Program related to consumer protection, outcome achievement, and program integrity, and requires various reports back to the General Assembly.

Page 96, Line 38

#### *Department of Public Health*

**Budget Pass Through Review Report:** Requires entities receiving funding through the DPH to submit reports regarding program objectives and goals. Requires the DPH to review reports and recommend changes for adjusting funding streams to better align with the Department's priorities and goals. The DPH report is due to the Governor and General Assembly by December 15, 2016.

Page 19, Line 34

**Budget Review Report:** Requires the DPH to submit a report on adjusting the Departments funding streams to reflect the Department's priorities and goals and to provide increase flexibility in distribution of funding to meet these priorities and goals. The report is due to the Chairpersons and Ranking Members of the Health and Human Services Appropriations Subcommittee, legislative caucus staffs, and the Legislative Services Agency (LSA) by December 15, 2016.

Page 20, Line 10

#### *Iowa Commission on Volunteer Service*

**RefugeeRISE AmeriCorps Efficacy Report:** Requires the Iowa Commission on Volunteer Service to submit an annual report detailing the efficacy of the RefugeeRISE AmeriCorps Program to the General Assembly and the Department of Human Services.

Page 96, Line 22

#### *Iowa Veterans Home*

**Discharge Report:** Requires the IVH to expand the annual discharge report to include applicant information, demographic information, and the level of care for which individuals applied for admission.

Page 21, Line 18

## SIGNIFICANT CODE CHANGES

### *Department of Human Services*

**Hospital Health Care Access Assessment:** Extends the repeal of the Hospital Health Care Access Assessment Program until the end of FY 2017.

Page 75, Line 17

**Autism Support Program:** Expands eligibility from 9 to 14 years of age and from 400.0% to 500.0% of the

Page 78, Line 11

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federal poverty level for the Autism Support Program. The maximum cost sharing is also increased from 10.0% to 15.0%.

#### *Department of Public Health*

**Autism Behavior Analyst Grant Program:** Amends the Autism Behavior Analyst and Assistant Behavior Analyst Grant Program related to eligible programs, practicing in Iowa after graduation, award maximums, and required reports.

Page 76, Line 28

**Nursing Residency State Matching Grants Program and Iowa Needs Nurses Now Program:** Eliminates the sunset date for these programs.

Page 84, Line 15

**Trauma Care Service Categorization:** Grandfathers in any hospital's Trauma Care Service Categorization Level II certificate achieved before July 1, 2015, as long as the hospital continues to meet the requirements existing at that time. *The Governor vetoed this provision.*

Page 93, Line 7

**Meningococcal Immunization:** Requires that a person enrolling in school in seventh or twelfth grade in Iowa be immunized against meningococcal disease.

Page 96, Line 25

#### **EFFECTIVE DATE**

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##### *Department of Human Services*

The Division making deappropriations and a supplemental appropriation to Medicaid is effective on enactment and retroactive to July 1, 2015.

Page 72, Line 8

The Division transferring Decategorization funds to Medicaid is effective on enactment and retroactive to July 1, 2015.

Page 72, Line 25

The section relating to the repeal of the Hospital Health Care Access Provider Assessment is effective on enactment and retroactive to June 30, 2016.

Page 76, Line 22

The Division relating to creating a Non-State Government-Owned Nursing Facility Upper Payment Limit Supplemental Payment Program is effective on enactment, and implementation is contingent on approval from the Center for Medicare and Medicaid Services (CMS).

Page 92, Line 29

The provision requiring the appointment of public members to the MAAC council is effective on enactment.

Page 108, Line 8

The section extending Medicaid managed care statewide public meetings through December 31, 2017, is effective on enactment.

Page 109, Line 5

***Department of Public Health***

The division amending SF 2218 (Opioid Antagonist Authorization Act) is effective on enactment and retroactive to April 6, 2016.

Page 84, Line 6

The Division eliminating the sunset date for the Nurse Residency State Matching Grant Program and the Iowa Needs Nurses Now Program is effective on enactment and retroactive to June 30, 2016.

Page 89, Line 9

The Division relating to Trauma Care Service Categories is effective on enactment and retroactive to June 30, 2015.

Page 93, Line 27

**GOVERNOR'S VETOES**

***Department of Human Services***

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**Medicaid Cost Containment:** The Governor vetoed the paragraph prohibiting the DHS from implementing two cost containment strategies related to crossover claims and primary care physician rates and stated the DHS must have the tools and flexibility to manage the Medicaid Program. The restriction on the management and oversight authority is inappropriate.

Page 37, Line 38

**Medicaid Cost Containment Reporting:** The Governor vetoed the paragraph requiring the DHS to report the implementation of any cost containment strategies and stated the DHS, DOM and LSA meet on a monthly basis to determine projections for Medicaid. Information relating to cost containment strategies are shared during these meetings and are also available within the state's accounting and budgeting system.

Page 38, Line 12

**Medicaid Managed Care Rate Floor:** The Governor vetoed the paragraph setting a rate floor for providers under Medicaid managed care and stated the DHS already includes protections for providers and their reimbursement and the restrictions in this item are redundant and unnecessary.

Page 66, Line 34

**Hospital Health Care Access Assessment Review:** The Governor vetoed the section requiring the DHS to explore alternatives to the hospital health care access assessment methodologies and stated and stated it limits the DHS ability to review all alternative assessment methodologies for the hospital health care access assessment.

Page 75, Line 23

***Department of Public Health***



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**Trauma Care Services Categorization:** The Governor vetoed this Division and stated that it would prevent the DPH and Trauma Systems Advisory Council from effectively carrying out its regulatory obligations.

Page 93, Line 7

### ENACTMENT DATE

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This Act was approved by the General Assembly on April 29, 2016, and item vetoed and signed by the Governor on May 27, 2016.

### ***STAFF CONTACTS:***

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House File 2460 provides for the following changes to the Code of Iowa.

Page #	Line #	Bill Section	Action	Code Section
72	33	49	Amend	231E.4.3.a
73	3	50	Amend	222.60A
73	14	51	Amend	249A.12.3.c
73	26	52	Amend	249A.21
75	19	53	Amend	249M.5
76	30	57	Amend	135.181.1,2
77	36	58	Add	135.181.4
78	11	59	Amend	225D.1.8
78	21	60	Amend	225D.2.2.c,d
82	20	68	Add	135.190.1
82	25	69	Add	135.190
83	6	70	Amend	135.190.3
83	14	71	Amend	147A.18.1,5
84	17	76	Amend	135.178
85	10	77	Amend	261.129
89	17	80	Add	249L.2.5A,5B
89	27	81	Amend	249L.2.6
93	9	85	Amend	147A.23.2.c
95	24	90	Amend	15H.5.5.a
96	8	91	New	15H.8
96	27	92	Add	139A.8.2.e
103	14	97	Amend	2.45.6
103	29	98	Add	231.44.3A
104	14	99	Amend	249A.4B
109	10	104	Add	514I.5.8.d.(17)
109	13	105	Add	514I.5.10

1 6 DIVISION I  
1 7 DEPARTMENT ON AGING — FY 2016-2017

1 8 Section 1. 2015 Iowa Acts, chapter 137, section 121, is  
1 9 amended to read as follows:  
1 10 SEC. 121. DEPARTMENT ON AGING. There is appropriated  
1 11 from the general fund of the state to the department on aging  
1 12 for the fiscal year beginning July 1, 2016, and ending June  
1 13 30, 2017, the following amount, or so much thereof as is  
1 14 necessary, to be used for the purposes designated:

1 15 For aging programs for the department on aging and area  
1 16 agencies on aging to provide citizens of Iowa who are 60 years  
1 17 of age and older with case management for frail elders, Iowa's  
1 18 aging and disabilities resource center, and other services  
1 19 which may include but are not limited to adult day services,  
1 20 respite care, chore services, information and assistance,  
1 21 and material aid, for information and options counseling for  
1 22 persons with disabilities who are 18 years of age or older,  
1 23 and for salaries, support, administration, maintenance, and  
1 24 miscellaneous purposes, and for not more than the following  
1 25 full-time equivalent positions:

2 1	.....	\$	5,699,866
2 2			<u>12,548,603</u>
2 3	.....	FTEs	31.00

2 4 1. Funds appropriated in this section may be used to  
2 5 supplement federal funds under federal regulations. To  
2 6 receive funds appropriated in this section, a local area  
2 7 agency on aging shall match the funds with moneys from other  
2 8 sources according to rules adopted by the department. Funds  
2 9 appropriated in this section may be used for elderly services  
2 10 not specifically enumerated in this section only if approved  
2 11 by an area agency on aging for provision of the service within  
2 12 the area.

2 13 2. Of the funds appropriated in this section, ~~\$139,973~~  
2 14 \$279,946 is transferred to the economic development authority  
2 15 for the Iowa commission on volunteer services to be used for  
2 16 the retired and senior volunteer program.

2 17 3. a. The department on aging shall establish and enforce  
2 18 procedures relating to expenditure of state and federal funds  
2 19 by area agencies on aging that require compliance with both  
2 20 state and federal laws, rules, and regulations, including but  
2 21 not limited to all of the following:  
2 22 (1) Requiring that expenditures are incurred only for

General Fund appropriation to the [Department on Aging](#) for FY 2017.

DETAIL: This is an increase of \$1,148,871 and 3.98 FTE positions compared to estimated net FY 2016. The changes include:

- An increase of \$1,000,000 for funding to continue the Life Long Links resource program.
- An increase of \$87,537 for an Elder Abuse specialist.
- An increase of \$61,334 to bring the funding level for the Office of Substitute Decision Maker to \$350,000.
- An increase of 3.98 FTE positions to maintain the level the General Assembly appropriated for FY 2016.

Permits the use of funds appropriated in this section to supplement federal funds for elderly services if those services are approved by an Area Agency on Aging (AAA). Requires local AAAs to match the funds for aging programs and services.

Requires a transfer of \$279,946 to the Iowa Commission on Volunteer Services in the Iowa Economic Development Authority for the Retired Senior Volunteer Program (RSVP).

DETAIL: This is no change compared to the FY 2016 allocation.

Requires the Department on Aging to establish and enforce procedures related to expenditures of state and federal funds and to comply with both state and federal law. An AAA is liable for any expenditures that are not in compliance with the law.

2 23 goods or services received or performed prior to the end of  
 2 24 the fiscal period designated for use of the funds.  
 2 25 (2) Prohibiting prepayment for goods or services not  
 2 26 received or performed prior to the end of the fiscal period  
 2 27 designated for use of the funds.  
 2 28 (3) Prohibiting the prepayment for goods or services not  
 2 29 defined specifically by good or service, time period, or  
 2 30 recipient.  
 2 31 (4) Prohibiting the establishment of accounts from which  
 2 32 future goods or services which are not defined specifically by  
 2 33 good or service, time period, or recipient, may be purchased.  
 2 34 b. The procedures shall provide that if any funds are  
 2 35 expended in a manner that is not in compliance with the  
 2 36 procedures and applicable federal and state laws, rules, and  
 2 37 regulations, and are subsequently subject to repayment, the  
 2 38 area agency on aging expending such funds in contravention of  
 2 39 such procedures, laws, rules and regulations, not the state,  
 3 1 shall be liable for such repayment.

3 2 4. Of the funds appropriated in this section, at least  
 3 3 ~~\$125,000~~ \$250,000 shall be used to fund the unmet needs  
 3 4 identified through Iowa's aging and disability resource center  
 3 5 network.

Allocates at least \$250,000 to be used to meet the unmet needs of older individuals as identified by the Unmet Needs Services Report.

DETAIL: This is no change compared to the FY 2016 allocation.

3 6 5. Of the funds appropriated in this section, at  
 3 7 least ~~\$300,000~~ \$600,000 shall be used to fund home and  
 3 8 community-based services through the area agencies on aging  
 3 9 that enable older individuals to avoid more costly utilization  
 3 10 of residential or institutional services and remain in their  
 3 11 own homes.

Allocates at least \$600,000 to be used for Home and Community-Based Services provided through an AAA.

DETAIL: This is no change compared to the FY 2016 allocation.

3 12 6. Of the funds appropriated in this section, ~~\$406,833~~  
 3 13 \$962,537 shall be used for the purposes of chapter 231E and  
 3 14 section 231.56A, of which ~~\$144,333~~ \$350,000 shall be used for  
 3 15 the office of substitute decision maker pursuant to chapter  
 3 16 231E, and the remainder shall be distributed equally to the  
 3 17 area agencies on aging to administer the prevention of elder  
 3 18 abuse, neglect, and exploitation program pursuant to section  
 3 19 231.56A, in accordance with the requirements of the federal  
 3 20 Older Americans Act of 1965, 42 U.S.C. §3001 et seq., as  
 3 21 amended.

Allocates \$962,537 for the following:

- \$612,537 to administer the prevention of elder abuse, neglect, and exploitation through the Aging and Disability Resource Network.
- \$350,000 for the Office of Substitute Decision Maker.

DETAIL: This is an increase of \$61,334 compared to the FY 2016 allocation for the Office of Substitute Decision Maker and \$87,537 for the Aging and Disability Resource Network.

3 22 7. Of the funds appropriated in this section, \$1,000,000  
 3 23 shall be used to fund continuation of the aging and disability  
 3 24 resource center lifelong links to provide individuals and  
 3 25 caregivers with information and services to plan for and  
 3 26 maintain independence.

Allocates \$1,000,000 to continue the Life Long Links resource program. This Program was previously funded by a federal grant. This is a new allocation for FY 2017.

DETAIL: Life Long Links helps to connect older adults, adults with

disabilities, veterans and their caregivers to local service providers who can help you maintain their independence at home or in the community of their choice.

3 27 DIVISION II  
3 28 OFFICE OF LONG-TERM CARE OMBUDSMAN — FY 2016-2017

3 29 Sec. 2. 2015 Iowa Acts, chapter 137, section 122, is  
3 30 amended to read as follows:

3 31 SEC. 122. OFFICE OF LONG-TERM CARE OMBUDSMAN.

3 32 1. There is appropriated from the general fund of the  
3 33 state to the office of long-term care ombudsman for the fiscal  
3 34 year beginning July 1, 2016, and ending June 30, 2017, the  
3 35 following amount, or so much thereof as is necessary, to be  
3 36 used for the purposes designated:

3 37	For salaries, support, administration, maintenance, and	
3 38	miscellaneous purposes, and for not more than the following	
3 39	full-time equivalent positions:	
4 1	..... \$	638,394
4 2		1,376,783
4 3	..... FTEs	47.00
4 4		18.00

4 5 2. Of the funds appropriated in this section, ~~\$110,000~~  
4 6 \$220,000 shall be used to continue to provide for additional  
4 7 local long-term care ombudsmen.

4 8 3. Of the funds appropriated in this section, \$100,000  
4 9 shall be used to provide an additional long-term care  
4 10 ombudsman to provide assistance and advocacy related to  
4 11 long-term care services and supports under the Medicaid  
4 12 program pursuant to section 231.44.

4 13 DIVISION III  
4 14 DEPARTMENT OF PUBLIC HEALTH — FY 2016-2017

4 15 Sec. 3. 2015 Iowa Acts, chapter 137, section 123, is  
4 16 amended to read as follows:

4 17 SEC. 123. DEPARTMENT OF PUBLIC HEALTH. There is  
4 18 appropriated from the general fund of the state to the  
4 19 department of public health for the fiscal year beginning July  
4 20 1, 2016, and ending June 30, 2017, the following amounts, or  
4 21 so much thereof as is necessary, to be used for the purposes  
4 22 designated:

4 23 1. ADDICTIVE DISORDERS

4 24 For reducing the prevalence of the use of tobacco, alcohol,  
4 25 and other drugs, and treating individuals affected by

General Fund appropriation to the [Office of Long-Term Care Ombudsman](#) for FY 2017.

DETAIL: This is an increase of \$100,000 and 3.02 FTE positions compared to estimated net FY 2016. The changes include:

- An increase of \$100,000 and 1.00 FTE position for an additional Medicaid Long-Term Care Ombudsman.
- An increase of 2.02 FTE positions to maintain the level the General Assembly appropriated for FY 2016.

Allocates \$220,000 for local Long-Term Care Ombudsmen.

DETAIL: This is no change compared to the FY 2016 allocation.

Allocates \$100,000 for an additional local Long-Term Care Ombudsmen to assist the Medicaid Program applicants and enrollees.

DETAIL: This is a new allocation for FY 2017.

General Fund appropriation to [Addictive Disorders](#) programs.

DETAIL: This is a decrease of \$275,000 and no change in FTE

4 26 addictive behaviors, including gambling, and for not more than  
 4 27 the following full-time equivalent positions:  
 4 28 ..... \$ 13,631,845  
 4 29 ..... 26,988,690  
 4 30 ..... FTEs 10.00

4 31 a. (1) Of the funds appropriated in this subsection,  
 4 32 ~~\$2,624,180~~ \$5,248,361 shall be used for the tobacco use  
 4 33 prevention and control initiative, including efforts at the  
 4 34 state and local levels, as provided in chapter 142A. The  
 4 35 commission on tobacco use prevention and control established  
 4 36 pursuant to section 142A.3 shall advise the director of public  
 4 37 health in prioritizing funding needs and the allocation  
 4 38 of moneys appropriated for the programs and initiatives.  
 4 39 Activities of the programs and initiatives shall be in  
 5 1 alignment with the United States centers for disease control  
 5 2 and prevention best practices for comprehensive tobacco  
 5 3 control programs that include the goals of preventing youth  
 5 4 initiation of tobacco usage, reducing exposure to secondhand  
 5 5 smoke, and promotion of tobacco cessation. To maximize  
 5 6 resources, the department shall determine if third-party  
 5 7 sources are available to instead provide nicotine replacement  
 5 8 products to an applicant prior to provision of such products  
 5 9 to an applicant under the initiative. The department shall  
 5 10 track and report to the individuals specified in this Act; any  
 5 11 reduction in the provision of nicotine replacement products  
 5 12 realized by the initiative through implementation of the  
 5 13 prerequisite screening.

5 14 (2) (a) ~~Of the funds allocated in this paragraph~~  
 5 15 ~~"a", \$226,533 is transferred to the~~ The department shall  
 5 16 collaborate with the alcoholic beverages division of the  
 5 17 department of commerce for enforcement of tobacco laws,  
 5 18 regulations, and ordinances and to engage in tobacco control  
 5 19 activities approved by the division of tobacco use prevention  
 5 20 and control of the department of public health as specified  
 5 21 in the memorandum of understanding entered into between the  
 5 22 divisions.

5 23 (b) For the fiscal year beginning July 1, 2016, and  
 5 24 ending June 30, 2017, the terms of the memorandum of  
 5 25 understanding, entered into between the division of tobacco  
 5 26 use prevention and control of the department of public health  
 5 27 and the alcoholic beverages division of the department of  
 5 28 commerce, governing compliance checks conducted to ensure  
 5 29 licensed retail tobacco outlet conformity with tobacco laws,  
 5 30 regulations, and ordinances relating to persons under ~~eighteen~~  
 5 31 18 years of age, shall continue to restrict the number of such  
 5 32 checks to one check per retail outlet, and one additional

positions compared to estimated net FY 2016. The decrease in funding is to the Problem Gambling Prevention, Treatment, and Control Program which has been experiencing funding reversions. Clients served will not decrease.

Allocates \$5,248,361 for tobacco use, prevention, and control initiatives, including Community Partnerships. Directs activities of the Commission on Tobacco Use Prevention and Control to align with U.S. Centers for Disease Control and Prevention best practices.

DETAIL: This is no change compared to the FY 2016 allocation.

Requires the DPH to collaborate with the Alcoholic Beverages Division (ABD) of the Department of Commerce for enforcement of tobacco laws, regulations, and ordinances. Limits tobacco compliance checks by the ABD to one annually per retail outlet and one additional check for any retail outlet found to be in violation during the first check.

DETAIL: Does not specify a specific dollar amount to be allocated. This will allow the DPH and ABD to work together to agree on funding needs.

5 33 check for any retail outlet found to be in violation during  
5 34 the first check.

5 35 b. Of the funds appropriated in this subsection,  
5 36 ~~\$11,007,664~~ \$21,740,329 shall be used for problem gambling and  
5 37 substance-related disorder prevention, treatment, and recovery  
5 38 services, including a 24-hour helpline, public information  
5 39 resources, professional training, youth prevention, and  
6 1 program evaluation.

6 2 ~~—(1) Of the funds allocated in this paragraph “b”,~~  
6 3 ~~\$9,451,857 shall be used for substance-related disorder~~  
6 4 ~~prevention and treatment.~~

6 5 ~~—(a) Of the funds allocated in this subparagraph (1),~~  
6 6 ~~\$449,650 shall be used for the public purpose of a grant~~  
6 7 ~~program to provide substance-related disorder prevention~~  
6 8 ~~programming for children.~~

6 9 ~~—(i) Of the funds allocated in this subparagraph~~  
6 10 ~~division (a), \$213,769 shall be used for grant funding~~  
6 11 ~~for organizations that provide programming for children~~  
6 12 ~~by utilizing mentors. Programs approved for such grants~~  
6 13 ~~shall be certified or must be certified within six months of~~  
6 14 ~~receiving the grant award by the Iowa commission on volunteer~~  
6 15 ~~services as utilizing the standards for effective practice for~~  
6 16 ~~mentoring programs.~~

6 17 ~~—(ii) Of the funds allocated in this subparagraph~~  
6 18 ~~division (a), \$213,419 shall be used for grant funding for~~  
6 19 ~~organizations providing programming that includes youth~~  
6 20 ~~development and leadership services. The programs shall~~  
6 21 ~~also be recognized as being programs that are scientifically~~  
6 22 ~~based with evidence of their effectiveness in reducing~~  
6 23 ~~substance-related disorders in children.~~

6 24 ~~—(iii) The department of public health shall utilize a~~  
6 25 ~~request for proposals process to implement the grant program.~~

6 26 ~~—(iv) All grant recipients shall participate in a program~~  
6 27 ~~evaluation as a requirement for receiving grant funds.~~

6 28 ~~—(v) Of the funds allocated in this subparagraph division~~  
6 29 ~~(a), up to \$22,461 may be used to administer substance-related~~  
6 30 ~~disorder prevention grants and for program evaluations.~~

6 31 ~~—(b) Of the funds allocated in this subparagraph~~  
6 32 ~~(1), \$136,301 shall be used for culturally competent~~  
6 33 ~~substance-related disorder treatment pilot projects.~~

6 34 ~~—(i) The department shall utilize the amount allocated~~  
6 35 ~~in this subparagraph division (b) for at least three pilot~~  
6 36 ~~projects to provide culturally competent substance-related~~  
6 37 ~~disorder treatment in various areas of the state. Each pilot~~  
6 38 ~~project shall target a particular ethnic minority population.~~  
6 39 ~~The populations targeted shall include but are not limited to~~  
7 1 ~~African-American, Asian, and Latino.~~

Allocates \$21,740,329 for problem gambling and substance abuse treatment and prevention.

DETAIL: This is a decrease of \$275,000 compared to the FY 2016 allocation. Youth prevention is added to the allocation language and all subsequent allocations of this amount are eliminated, allowing the DPH more flexibility in determining program needs.

~~7 2 —(ii) The pilot project requirements shall provide for~~  
~~7 3 documentation or other means to ensure access to the cultural~~  
~~7 4 competence approach used by a pilot project so that such~~  
~~7 5 approach can be replicated and improved upon in successor~~  
~~7 6 programs.~~  
~~7 7 —(2) Of the funds allocated in this paragraph “b”, up~~  
~~7 8 to \$1,555,807 may be used for problem gambling prevention,~~  
~~7 9 treatment, and recovery services.~~  
~~7 10 —(a) Of the funds allocated in this subparagraph (2),~~  
~~7 11 \$1,286,881 shall be used for problem gambling prevention and~~  
~~7 12 treatment.~~  
~~7 13 —(b) Of the funds allocated in this subparagraph (2),~~  
~~7 14 up to \$218,926 may be used for a 24-hour helpline, public~~  
~~7 15 information resources, professional training, and program~~  
~~7 16 evaluation.~~  
~~7 17 —(c) Of the funds allocated in this subparagraph (2), up~~  
~~7 18 to \$50,000 may be used for the licensing of problem gambling~~  
~~7 19 treatment programs.~~  
~~7 20 —(3) It is the intent of the general assembly that from the~~  
~~7 21 moneys allocated in this paragraph “b”, persons with a dual~~  
~~7 22 diagnosis of substance-related disorder and gambling addiction~~  
~~7 23 shall be given priority in treatment services.~~  
~~7 24 —c. Notwithstanding any provision of law to the contrary,~~  
~~7 25 to standardize the availability, delivery, cost of delivery,~~  
~~7 26 and accountability of problem gambling and substance-related~~  
~~7 27 disorder treatment services statewide, the department shall~~  
~~7 28 continue implementation of a process to create a system~~  
~~7 29 for delivery of treatment services in accordance with the~~  
~~7 30 requirements specified in 2008 Iowa Acts, chapter 1187,~~  
~~7 31 section 3, subsection 4. To ensure the system provides a~~  
~~7 32 continuum of treatment services that best meets the needs of~~  
~~7 33 Iowans, the problem gambling and substance-related disorder~~  
~~7 34 treatment services in any area may be provided either by a~~  
~~7 35 single agency or by separate agencies submitting a joint~~  
~~7 36 proposal.~~  
~~7 37 —(1) The system for delivery of substance-related disorder~~  
~~7 38 and problem gambling treatment shall include problem gambling~~  
~~7 39 prevention.~~  
~~8 1 —(2) The system for delivery of substance-related disorder~~  
~~8 2 and problem gambling treatment shall include substance-related~~  
~~8 3 disorder prevention by July 1, 2017.~~  
~~8 4 —(3) Of the funds allocated in paragraph “b”, the department~~  
~~8 5 may use up to \$50,000 for administrative costs to continue~~  
~~8 6 developing and implementing the process in accordance with~~  
~~8 7 this paragraph “c”.~~

8 8 d. The requirement of section ~~423.53~~ 123.17, subsection  
 8 9 5, is met by the appropriations and allocations made in

Updates a Code reference and specifies that the requirements of Iowa  
 Code section 123.17 are met by the appropriations made in this Act.



8 10 this division of this Act for purposes of substance-related  
 8 11 disorder treatment and addictive disorders for the fiscal year  
 8 12 beginning July 1, 2016.

DETAIL: This Code section requires the Department of Commerce to transfer \$2,000,000 from the Beer and Liquor Control Fund to the General Fund, plus an amount determined by the General Assembly, for the Comprehensive Substance Abuse Program.

8 13 ~~—e. The department of public health shall work with all~~  
 8 14 ~~other departments that fund substance-related disorder~~  
 8 15 ~~prevention and treatment services and all such departments~~  
 8 16 ~~shall, to the extent necessary, collectively meet the state~~  
 8 17 ~~maintenance-of-effort requirements for expenditures for~~  
 8 18 ~~substance-related disorder services as required under the~~  
 8 19 ~~federal substance-related disorder prevention and treatment~~  
 8 20 ~~block grant.~~

Deletes outdated language.

DETAIL: Several years ago, there was an attempt to use Department of Corrections expenditures for substance abuse treatment of inmates as Maintenance-of-Effort (MOE) for the Substance Abuse Treatment and Prevention Block Grant. This did not work, and the language is not necessary.

## 8 21 2. HEALTHY CHILDREN AND FAMILIES

8 22 For promoting the optimum health status for children,  
 8 23 adolescents from birth through 21 years of age, and families,  
 8 24 and for not more than the following full-time equivalent  
 8 25 positions:

8 26	..... \$	2,308,774
8 27		<u>5,693,774</u>
8 28	..... FTEs	12.00

General Fund appropriation to [Healthy Children and Families](#) programs.

DETAIL: This is an increase of \$1,076,231 and no change in FTE positions compared to estimated net FY 2016. The increase is for the First Five Program.

8 29 a. Of the funds appropriated in this subsection,  
 8 30 not more than ~~\$367,420~~ \$734,841 shall be used for the  
 8 31 healthy opportunities for parents to experience success  
 8 32 (HOPES)-healthy families Iowa (HFI) program established  
 8 33 pursuant to section 135.106. The funding shall be distributed  
 8 34 to renew the grants that were provided to the grantees that  
 8 35 operated the program during the fiscal year ending June 30,  
 8 36 2016.

Limits the General Fund amount used to fund the Healthy Opportunities to Experience Success - Healthy Families Iowa (HOPES-HFI) Program to \$734,841.

DETAIL: This is no change compared to the FY 2016 allocation. Requires funds to be distributed to the grantees that received funding in FY 2016. This Program provides family support through home visits for families that begin during pregnancy, or at the birth of a child, and can continue through age four.

8 37 b. In order to implement the legislative intent stated in  
 8 38 sections 135.106 and 256I.9, that priority for home visitation  
 8 39 program funding be given to programs using evidence-based  
 9 1 or promising models for home visitation, it is the intent  
 9 2 of the general assembly to phase in the funding priority in  
 9 3 accordance with 2012 Iowa Acts, chapter 1133, section 2,  
 9 4 subsection 2, paragraph "Ob".

Implements legislative intent for Iowa Code section [35.106](#), HOPES-HFI, and Iowa Code section [256I.9](#), Early Childhood Iowa. Priority for Home Visitation Program funding is to be given to programs using evidence-based or promising models for home visitation.

9 5 c. Of the funds appropriated in this subsection,  
 9 6 ~~\$1,099,414~~ \$3,275,059 shall be used for continuation of the  
 9 7 department's initiative to provide for adequate developmental  
 9 8 surveillance and screening during a child's first five years.  
 9 9 The funds shall be used first to fully fund the current sites

Allocates \$3,275,059 for the Iowa 1st Five Healthy Mental Development Initiative Programs.

DETAIL: This is an increase of \$1,076,231 compared to the FY 2016 allocation. The increase will fully fund implementation in 65 counties

9 10 to ensure that the sites are fully operational, with the  
 9 11 remaining funds to be used for expansion to additional sites.  
 9 12 The full implementation and expansion shall include enhancing  
 9 13 the scope of the program through collaboration with the child  
 9 14 health specialty clinics to promote healthy child development  
 9 15 through early identification and response to both biomedical  
 9 16 and social determinants of healthy development; by monitoring  
 9 17 child health metrics to inform practice, document long-term  
 9 18 health impacts and savings, and provide for continuous  
 9 19 improvement through training, education, and evaluation; and  
 9 20 by providing for practitioner consultation particularly for  
 9 21 children with behavioral conditions and needs. The department  
 9 22 of public health shall also collaborate with the Iowa  
 9 23 Medicaid enterprise and the child health specialty clinics  
 9 24 to integrate the activities of the first five initiative  
 9 25 into the establishment of patient-centered medical homes,  
 9 26 community utilities, accountable care organizations, and other  
 9 27 integrated care models developed to improve health quality and  
 9 28 population health while reducing health care costs. To the  
 9 29 maximum extent possible, funding allocated in this paragraph  
 9 30 shall be utilized as matching funds for medical assistance  
 9 31 program reimbursement.

9 32 d. Of the funds appropriated in this subsection, ~~\$37,320~~  
 9 33 \$74,640 shall be distributed to a statewide dental carrier to  
 9 34 provide funds to continue the donated dental services program  
 9 35 patterned after the projects developed by the lifeline network  
 9 36 to provide dental services to indigent individuals who are  
 9 37 elderly or with disabilities.

9 38 e. Of the funds appropriated in this subsection, ~~\$55,997~~  
 9 39 \$111,995 shall be used for childhood obesity prevention.

10 1 f. Of the funds appropriated in this subsection, ~~\$81,384~~  
 10 2 \$162,768 shall be used to provide audiological services and  
 10 3 hearing aids for children. The department may enter into a  
 10 4 contract to administer this paragraph.

10 5 g. Of the funds appropriated in this subsection, ~~\$12,500~~  
 10 6 \$25,000 is transferred to the university of Iowa college  
 10 7 of dentistry for provision of primary dental services to  
 10 8 children. State funds shall be matched on a dollar-for-dollar  
 10 9 basis. The university of Iowa college of dentistry shall  
 10 10 coordinate efforts with the department of public health,  
 10 11 bureau of oral and health delivery systems, to provide dental  
 10 12 care to underserved populations throughout the state.

and allow for Community Planning for two to three new areas that will cover up to 27 counties. The Program is a public-private Mental Development Initiative that partners primary care and public health services in Iowa to enhance high-quality well-child care. The 1st Five model supports health providers in the earlier detection of socio-emotional delays, developmental delays, and family risk-related factors in children birth to age five that then coordinates referrals, interventions, and follow-up.

Allocates \$74,640 for a Donated Dental Services Program for Indigent Elderly and Disabled individuals.

DETAIL: This is no change compared to the FY 2016 allocation.

Allocates \$111,995 for childhood obesity prevention programs.

DETAIL: This is no change compared to the FY 2016 allocation.

Allocates \$162,768 for the Audiological Services for Kids Program to provide audiological services and hearing aids to children.

DETAIL: This is no change compared to the FY 2016 allocation.

Transfers \$25,000 to the University of Iowa College of Dentistry to provide primary dental services to children. Requires a one-to-one dollar match by the University. The College is directed to coordinate efforts with the DPH Bureau of Oral Health to provide dental care to underserved populations throughout Iowa.

DETAIL: This is no change compared to the FY 2016 allocation.

10 13 h. Of the funds appropriated in this subsection, ~~\$25,000~~  
 10 14 \$50,000 shall be used to address youth suicide prevention.

Allocates \$50,000 for a youth suicide prevention program.

DETAIL: This is no change compared to the FY 2016 allocation.

10 15 i. Of the funds appropriated in this subsection, ~~\$25,000~~  
 10 16 \$50,000 shall be used to support the Iowa effort to address  
 10 17 the survey of children who experience adverse childhood  
 10 18 experiences known as ACEs.

Allocates \$50,000 to support the Iowa effort to address the study of children who experience adverse childhood experiences (ACEs).

DETAIL: This is no change compared to the FY 2016 allocation.

10 19 j. The department of public health shall continue to  
 10 20 administer the program to assist parents in this state with  
 10 21 costs resulting from the death of a child in accordance with  
 10 22 the provisions of 2014 Iowa Acts, chapter 1140, section 22,  
 10 23 subsection 12.

Requires the DPH to continue to administer the Child Burial Assistance Program enacted in the FY 2015 Health and Human Services Appropriations Act in the Child Care Assistance appropriation to DHS.

DETAIL: The Program received an allocation of \$100,000 with nonreversion language. At the end of March 2016, around \$50,000 was remaining.

10 24 3. CHRONIC CONDITIONS  
 10 25 For serving individuals identified as having chronic  
 10 26 conditions or special health care needs, and for not more than  
 10 27 the following full-time equivalent positions:  
 10 28 ..... \$ 2,477,846  
 10 29 ..... 5,080,692  
 10 30 ..... FTEs 5.00

General Fund appropriation to [Chronic Conditions](#) programs.

DETAIL: This is a net increase of \$125,000 and no change in FTE positions compared to estimated net FY 2016. Changes include:

- A decrease of \$25,000 to the Cervical Cancer Screening Program.
- An increase of \$150,000 to the Brain Injury Services Program.

10 31 a. Of the funds appropriated in this subsection, ~~\$79,966~~  
 10 32 \$159,932 shall be used for grants to individual patients who  
 10 33 have an inherited metabolic disorder to assist with the costs  
 10 34 of medically necessary foods and formula.

Allocates \$159,932 for grants to individual patients with [inherited metabolic disorders](#) to assist with necessary costs for special foods.

DETAIL: This is no change compared to the FY 2016 allocation.

10 35 b. Of the funds appropriated in this subsection, ~~\$445,822~~  
 10 36 \$1,041,644 shall be used for the brain injury services program  
 10 37 pursuant to section 135.22B, including for continuation of  
 10 38 the contracts for resource facilitator services in accordance  
 10 39 with section 135.22B, subsection 9, and to enhance brain  
 11 1 injury training and recruitment of service providers on a  
 11 2 statewide basis. Of the amount allocated in this paragraph,  
 11 3 ~~\$47,500~~ \$95,000 shall be used to fund one full-time equivalent  
 11 4 position to serve as the state brain injury services program  
 11 5 manager.

Allocates \$1,041,644 for continuation of the two contracts in the DPH Brain Injury Services Program for facilitator services, training services, and provider recruitment.

DETAIL: This is an increase of \$150,000 compared to the FY 2016 allocation. This increase will provide one additional regional neurofacilitator.

11 6 c. Of the funds appropriated in this subsection, ~~\$273,994~~  
 11 7 \$547,982 shall be used as additional funding to leverage

Allocates \$547,982 to the [AIDS Drug Assistance Program \(ADAP\)](#).

11 8 federal funding through the federal Ryan White Care Act, Tit.  
 11 9 II, AIDS drug assistance program supplemental drug treatment  
 11 10 grants.

DETAIL: This is no change compared to the FY 2016 allocation.

11 11 d. Of the funds appropriated in this subsection, ~~\$74,911~~  
 11 12 \$149,823 shall be used for the public purpose of continuing  
 11 13 to contract with an existing national-affiliated organization  
 11 14 to provide education, client-centered programs, and client  
 11 15 and family support for people living with epilepsy and their  
 11 16 families. The amount allocated in this paragraph in excess  
 11 17 of ~~\$50,000~~ \$100,000 shall be matched dollar-for-dollar by the  
 11 18 organization specified.

Allocates \$149,823 for epilepsy education and support. Requires a dollar-for-dollar match for \$49,823 of the funds received.

DETAIL: This is no change compared to the FY 2016 allocation.

11 19 e. Of the funds appropriated in this subsection, ~~\$392,557~~  
 11 20 \$785,114 shall be used for child health specialty clinics.

Allocates \$785,114 for Child Health Specialty Clinics (CHSC).

DETAIL: This is no change compared to the FY 2016 allocation. The Program is operated by the University of Iowa, Department of Pediatrics and facilitates the development of family-centered, community-based, coordinated systems of care for children and youth with special health care needs. The CHSC serves children and youth, birth through 21 years of age, that live in Iowa and have a chronic condition (physical, developmental, behavioral, or emotional) or are at increased risk for a chronic condition and also have a need for special services.

11 21 f. Of the funds appropriated in this subsection,  
 11 22 ~~\$290,000~~ \$400,000 shall be used by the regional autism  
 11 23 assistance program established pursuant to section 256.35,  
 11 24 and administered by the child health specialty clinic located  
 11 25 at the university of Iowa hospitals and clinics. The funds  
 11 26 shall be used to enhance interagency collaboration and  
 11 27 coordination of educational, medical, and other human services  
 11 28 for persons with autism, their families, and providers of  
 11 29 services, including delivering regionalized services of  
 11 30 care coordination, family navigation, and integration of  
 11 31 services through the statewide system of regional child  
 11 32 health specialty clinics and fulfilling other requirements  
 11 33 as specified in chapter 225D. The university of Iowa shall  
 11 34 not receive funds allocated under this paragraph for indirect  
 11 35 costs associated with the regional autism assistance program.

Allocates \$400,000 to be used by the Regional Autism Service Program (RASP) to create autism support programs administered by the Child Health Specialty Clinic located at the University of Iowa Hospitals and Clinics (UIHC).

DETAIL: This is no change compared to the FY 2016 allocation. The University of Iowa (UI) is prohibited from receiving any funds for indirect costs associated with the allocation.

11 36 g. Of the funds appropriated in this subsection, ~~\$285,496~~  
 11 37 \$594,543 shall be used for the comprehensive cancer control  
 11 38 program to reduce the burden of cancer in Iowa through  
 11 39 prevention, early detection, effective treatment, and ensuring  
 12 1 quality of life. Of the funds allocated in this paragraph  
 12 2 "g", ~~\$75,000~~ \$150,000 shall be used to support a melanoma

Allocates \$594,543 for the Iowa Comprehensive Cancer Control (ICCC) Program. Of the total amount, \$150,000 is required to be used to support various efforts in studying, tracking, and researching melanoma.

DETAIL: This is an increase of \$23,550 compared to the FY 2016

12 3 research symposium, a melanoma biorepository and registry,  
12 4 basic and translational melanoma research, and clinical  
12 5 trials.

allocation but no change in funding compared to the last few fiscal years. This will align the actual program funding and allocation in the Act.

12 6 h. Of the funds appropriated in this subsection, ~~\$63,225~~  
12 7 \$101,450 shall be used for cervical and colon cancer  
12 8 screening, and ~~\$150,000~~ \$300,000 shall be used to enhance the  
12 9 capacity of the cervical cancer screening program to include  
12 10 provision of recommended prevention and early detection  
12 11 measures to a broader range of low-income women.

Allocates \$101,450 for cervical and colon cancer screening and \$300,000 for enhanced capacity of the Cervical Cancer Screening Program for a total of \$401,450.

DETAIL: This is a decrease of \$25,000 for cervical cancer screenings compared to the FY 2016 allocation. The overall number of lowans seeking DPH-funded cervical cancer and colon cancer screening and preventative services is projected to continue to decrease as more people enroll in new public and private health plans. Eligibility for the Colorectal Screening Cancer Program is being expanded through the administrative rule making process [ARC 2446C](#).

12 12 i. Of the funds appropriated in this subsection, ~~\$263,347~~  
12 13 \$526,695 shall be used for the center for congenital and  
12 14 inherited disorders.

Allocates \$526,695 for the Center for Congenital and Inherited Disorders (CCID) central registry.

DETAIL: This is no change compared to the FY 2016 allocation. The mission of the CCID is to initiate, conduct, and supervise genetic investigations and research to provide for the protection and promotion of the health of lowans.

12 15 j. Of the funds appropriated in this subsection, ~~\$64,705~~  
12 16 \$129,411 shall be used for the prescription drug donation  
12 17 repository program created in chapter 135M.

Allocates \$129,411 for the Prescription Drug Donation Repository Program.

DETAIL: This is no change compared to the FY 2016 allocation. lowans with income at 200.00% or below of the Federal Poverty Level, uninsured, or underinsured, may receive medications and medical supplies for little or no cost. Donations are received from long-term care dispensing pharmacies, medical facilities and individuals. The medications and supplies are inspected by a pharmacist, distributed to medical facilities and dispensed to lowans in need.

12 18 k. Of the funds appropriated in this subsection, ~~\$107,631~~  
12 19 \$215,263 shall be used by the department of public health  
12 20 for reform-related activities, including but not limited to  
12 21 facilitation of communication to stakeholders at the state  
12 22 and local level, administering the patient-centered health  
12 23 advisory council pursuant to section 135.159, and involvement  
12 24 in health care system innovation activities occurring across  
12 25 the state.

Allocates \$215,263 for the DPH Office of Health Care Transformation that handles Affordable Care Act related initiatives.

DETAIL: This is no change compared to the FY 2016 allocation.

12 26 l. Of the funds appropriated in this subsection, ~~\$12,500~~  
12 27 \$25,000 shall be used for administration of chapter 124D, the

Allocates \$25,000 for the administration of Iowa Code chapter [124D](#), the Medical Cannabidiol Act.

12 28 medical cannabidiol Act.

DETAIL: This is no change compared to the FY 2016 allocation.

12 29 4. COMMUNITY CAPACITY

General Fund appropriation to [Community Capacity](#) programs.

12 30 For strengthening the health care delivery system at the  
12 31 local level, and for not more than the following full-time  
12 32 equivalent positions:

12 33	.....	\$	4,410,667
12 34	.....		<u>7,339,136</u>
12 35	.....	FTEs	44.00
12 36	.....		<u>13.00</u>

DETAIL: This is a net decrease of \$1,482,199 and an increase of 2.00 FTE positions compared to estimated net FY 2016. The General Fund changes include:

- A decrease of \$1,672,199 to reflect the Governor's FY 2016 item veto of funding for the Iowa Collaborative Safety Net Provider Network.
- A decrease of \$105,448 to eliminate funding for the Mental Health Professional Workforce Shortage Area Program allocation.
- An increase of \$74,059 for the PRIMECARRE Loan Repayment Program for mental health workforce.
- An increase of \$47,000 and 0.50 FTE position for the Child Vision Screening Program. This will fully implement the program enacted in Iowa Code section [135.39D](#) by providing support for ongoing maintenance and hosting costs for the program and 0.50 FTE position for data entry and oversight.
- An increase of \$74,389 and 0.50 FTE position to fund the Office on Minority and Multicultural Health that has lost the ability to use federal funds.
- An increase of \$100,000 and 1.00 FTE position to better manage workforce contracts and workforce strategies and submit a report on new department strategies for addressing these issues.

12 37 a. Of the funds appropriated in this subsection, ~~\$49,797~~  
12 38 ~~\$99,414~~ is allocated for continuation of the child vision  
12 39 screening program implemented through the university of Iowa  
13 1 hospitals and clinics in collaboration with early childhood  
13 2 Iowa areas. The program shall submit a report to the  
13 3 individuals identified in this Act for submission of reports  
13 4 regarding the use of funds allocated under this paragraph "a".  
13 5 The report shall include the objectives and results for the  
13 6 program year including the target population and how the funds  
13 7 allocated assisted the program in meeting the objectives; the  
13 8 number, age, and location within the state of individuals  
13 9 served; the type of services provided to the individuals  
13 10 served; the distribution of funds based on service provided;  
13 11 and the continuing needs of the program.

Allocates \$99,414 for the Iowa KidSight child vision screening program through the UIHC in collaboration with the Lions Club and Early Childhood Iowa areas.

DETAIL: This is no change compared to the FY 2016 allocation.

13 12 b. Of the funds appropriated in this subsection, ~~\$55,328~~  
13 13 ~~\$110,656~~ is allocated for continuation of an initiative

Allocates \$110,656 for a University of Iowa (UI) initiative to expand and improve the mental health treatment and services workforce. Allocates

13 14 implemented at the university of Iowa and ~~\$49,952~~ \$99,904  
 13 15 is allocated for continuation of an initiative at the state  
 13 16 mental health institute at Cherokee to expand and improve the  
 13 17 workforce engaged in mental health treatment and services.  
 13 18 The initiatives shall receive input from the university of  
 13 19 Iowa, the department of human services, the department of  
 13 20 public health, and the mental health and disability services  
 13 21 commission to address the focus of the initiatives.

\$99,904 for a similar initiative at the Mental Health Institute (MHI) at Cherokee, for a total of \$210,560.

DETAIL: This is no change compared to the FY 2016 allocation.

13 22 c. Of the funds appropriated in this subsection, ~~\$582,314~~  
 13 23 \$1,164,628 shall be used for essential public health services  
 13 24 that promote healthy aging throughout one's lifespan,  
 13 25 contracted through a formula for local boards of health, to  
 13 26 enhance health promotion and disease prevention services.

Allocates \$1,164,628 for core public health functions, including home health care and public health nursing services.

DETAIL: This is no change compared to the FY 2016 allocation.

13 27 d. Of the funds appropriated in this ~~section~~ subsection,  
 13 28 ~~\$49,643~~ \$99,286 shall be deposited in the governmental public  
 13 29 health system fund created in section 135A.8 to be used for  
 13 30 the purposes of the fund.

Allocates \$99,286 to the Governmental Public Health System Fund for activities related to the DPH modernization initiative.

DETAIL: This is no change compared to the FY 2016 allocation.

13 31 ~~e. Of the funds appropriated in this subsection, \$52,724~~  
 13 32 ~~shall be used to continue to address the shortage of mental~~  
 13 33 ~~health professionals in the state.~~

Eliminates the allocation for the Mental Health Professional Shortage Area Program.

DETAIL: This is a decrease of \$105,448 compared to the FY 2016 allocation. The Program outlined in Iowa Code section [135.180](#) is designed to provide stipends to support psychiatrist positions with an emphasis on securing and retaining medical directors at community mental health centers and hospital psychiatric units that are located in mental health professional shortage areas. Over three years, two psychiatrists were recruited or retained, and typically this allocation reverted to the General Fund.

13 34 f. Of the funds appropriated in this subsection, ~~\$25,000~~  
 13 35 \$50,000 shall be used for a grant to a statewide association  
 13 36 of psychologists that is affiliated with the American  
 13 37 psychological association to be used for continuation of  
 13 38 a program to rotate intern psychologists in placements in  
 13 39 urban and rural mental health professional shortage areas, as  
 14 1 defined in section 135.180.

Allocates \$50,000 for the [Psychology Postdoctoral Internship Rotation Program](#) for intern psychologists in urban and rural mental health professional shortage areas.

DETAIL: This is no change compared to the FY 2016 allocation.

14 2 g. (1) Of the funds appropriated in this subsection,  
 14 3 ~~\$1,441,484~~ \$1,210,770 shall be allocated as a grant to  
 14 4 the Iowa primary care association to be used pursuant to  
 14 5 section 135.153 for the statewide coordination of the Iowa  
 14 6 collaborative safety net provider network. Coordination of  
 14 7 the network shall focus on increasing access by underserved  
 14 8 populations to health care services, increasing integration

Allocates \$1,210,770 to the Iowa Collaborative Safety Net Provider Network to implement Iowa Code section [135.153](#).

DETAIL: This is no change compared to the FY 2016 allocation.

14 9 of the health system and collaboration across the continuum  
 14 10 of care with a focus on safety net services, and enhancing the  
 14 11 Iowa collaborative safety net provider network's communication  
 14 12 and education efforts. The amount allocated as a grant under  
 14 13 this subparagraph (1) shall be used as follows to support  
 14 14 the Iowa collaborative safety net provider network goals of  
 14 15 increased access, health system integration, and engagement:

14 16 (a) For distribution to safety net partners in the state  
 14 17 that work to increase access of the underserved population to  
 14 18 health services:  
 14 19 ..... \$ 512,742  
 14 20 ..... 1,025,485

14 21 (i) Of the amount allocated in this subparagraph  
 14 22 division (a), ~~up to \$206,707~~ not less than \$413,415 shall be  
 14 23 distributed to the Iowa prescription drug corporation for  
 14 24 continuation of the pharmaceutical infrastructure for safety  
 14 25 net providers as described in 2007 Iowa Acts, chapter 218,  
 14 26 section 108.

14 27 (ii) Of the amount allocated in this subparagraph  
 14 28 division (a), ~~up to \$174,164~~ not less than \$348,322 shall  
 14 29 be distributed to free clinics and free clinics of Iowa for  
 14 30 necessary infrastructure, statewide coordination, provider  
 14 31 recruitment, service delivery, and provision of assistance to  
 14 32 patients in securing a medical home inclusive of oral health  
 14 33 care.

14 34 (iii) Of the amount allocated in this subparagraph  
 14 35 division (a), ~~up to \$25,000~~ not less than \$50,000 shall be  
 14 36 distributed to the Iowa coalition against sexual assault to  
 14 37 continue a training program for sexual assault response team  
 14 38 (SART) members, including representatives of law enforcement,  
 14 39 victim advocates, prosecutors, and certified medical  
 15 1 personnel.

15 2 (iv) Of the amount allocated in this subparagraph  
 15 3 division (a), ~~up to \$106,874~~ not less than \$213,748 shall  
 15 4 be distributed to the Polk county medical society for  
 15 5 continuation of the safety net provider patient access to a  
 15 6 specialty health care initiative as described in 2007 Iowa  
 15 7 Acts, chapter 218, section 109.

15 8 (c) For distribution to safety net partners in the state  
 15 9 that work to serve as a resource for credible, accurate  
 15 10 information on health care-related needs and services  
 15 11 for vulnerable populations in the state including the  
 15 12 Iowa association of rural health clinics for necessary  
 15 13 infrastructure and service delivery transformation and the  
 15 14 Iowa primary care association to support partner engagement,  
 15 15 program management, and statewide coordination of the network:

Of the amount allocated in subparagraph (1), \$1,025,485 is allocated to increase access to underserved populations for health services. This is no change compared to the FY 2016 allocation. This amount is further allocated as follows:

- At least \$413,415 for the pharmaceutical infrastructure for safety net providers.
- At least \$348,322 for free clinics to assist patients with finding a medical home.
- At least \$50,000 for a grant program in collaboration with Sexual Assault Response Team (SART) members to expand the response room model throughout Iowa.
- At least \$213,748 for the specialty health care initiative.

Of the amount allocated in subparagraph (1), \$185,285 is allocated for resource information, services for vulnerable populations, partner engagement, program management, and statewide coordination.

DETAIL: This is no change compared to the FY 2016 allocation. Funds will also provide for general program management and coordination. These funds will expand technical assistance and training available to safety net partners. The goal is to serve as a resource for credible,



15 16 .....\$ 92,642  
 15 17 185,285

accurate information on healthcare-related needs and services for vulnerable populations in Iowa.

15 18 (2) The amount allocated under this paragraph "g" shall  
 15 19 not be reduced for administrative or other costs prior to  
 15 20 distribution. The Iowa collaborative safety net provider  
 15 21 network may continue to distribute funds allocated pursuant  
 15 22 to this paragraph "g" through existing contracts or renewal  
 15 23 of existing contracts.

Specifies that administrative costs related to the distribution of funding to the Safety Net Provider Network may not be taken out of the allocated funding. Permits the Iowa Collaborative Safety Net Provider Network to distribute funds through existing contracts.

15 24 (3) For each goal of the Iowa collaborative safety net  
 15 25 provider network, the Iowa primary care association shall  
 15 26 submit a progress report to the individuals designated in this  
 15 27 Act for submission of reports by December 15, 2016, including  
 15 28 progress in developing and implementing the network, how the  
 15 29 funds were distributed and used in developing and implementing  
 15 30 the network, and the remaining needs identified to fully  
 15 31 develop and implement the network.

Requires a report to be submitted to the Chairs, Ranking Members, and LSA by December 15, 2016, regarding the progress in developing and implementing the network, how funds were distributed, and the remaining needs in developing and implementing the network.

15 32 h. Of the funds appropriated in this subsection, ~~\$106,700~~  
 15 33 \$213,400 shall be used for continuation of the work of the  
 15 34 direct care worker advisory council established pursuant to  
 15 35 2008 Iowa Acts, chapter 1188, section 69, in implementing  
 15 36 the recommendations in the final report submitted by the  
 15 37 advisory council to the governor and the general assembly in  
 15 38 March 2012, including by continuing to develop, promote, and  
 15 39 make available on a statewide basis the prepare-to-care core  
 16 1 curriculum and its associated modules and specialties through  
 16 2 various formats including online access, community colleges,  
 16 3 and other venues; exploring new and maintaining existing  
 16 4 specialties including but not limited to oral health and  
 16 5 dementia care; supporting instructor training; and assessing  
 16 6 and making recommendations concerning the Iowa care book and  
 16 7 information technology systems and infrastructure uses and  
 16 8 needs.

Allocates \$213,400 for the Direct Care Worker Advisory Council.

DETAIL: This is no change compared to the FY 2016 allocation.

16 9 i. (1) Of the funds appropriated in this subsection,  
 16 10 ~~\$108,187~~ \$216,375 shall be used for allocation to allocated  
 16 11 for continuation of the contract with an independent statewide  
 16 12 direct care worker organization previously selected through a  
 16 13 request for proposals process. The contract shall continue to  
 16 14 include performance and outcomes measures, and shall continue  
 16 15 to allow the contractor to use a portion of the funds received  
 16 16 under the contract to collect data to determine results based  
 16 17 on the performance and outcomes measures.

Allocates \$216,375 for the continuation of a request for proposal previously awarded for an independent direct care worker organization for promotion and education on direct care workforce issues.

DETAIL: This is no change compared to the amount of the FY 2016 allocation. The Direct Care Worker Advisory Council advises the director of the IDPH on the regulation and certification of direct care workers. The group also develops recommendations on certification, education and training, standardization requirements for supervision, and functions for direct care workers.

16 18 (2) Of the funds appropriated in this subsection, ~~\$37,500~~  
 16 19 ~~\$75,000~~ shall be used to provide scholarships or other  
 16 20 forms of subsidization for direct care worker educational  
 16 21 conferences, training, or outreach activities.

Allocates \$75,000 for scholarships for direct care worker educational conferences, training, and outreach activities.

DETAIL: This is no change compared to the FY 2016 allocation.

16 22 j. Of the funds appropriated in this subsection, the  
 16 23 department may use up to ~~\$29,087~~ \$58,175 for up to one  
 16 24 full-time equivalent position to administer the volunteer  
 16 25 health care provider program pursuant to section 135.24.

Permits the Department to utilize up to \$58,175 and 1.00 FTE position for administration of the Voluntary Health Care Provider Program.

DETAIL: This is no change compared to the FY 2016 allocation. The Program goal is to increase volunteerism by competent health care professionals by offering employer tort claim protection to eligible volunteer health care providers and eligible clinics providing free health care services in Iowa.

16 26 k. Of the funds appropriated in this subsection, ~~\$50,000~~  
 16 27 ~~\$100,000~~ shall be used for a matching dental education loan  
 16 28 repayment program to be allocated to a dental nonprofit health  
 16 29 service corporation to continue to develop the criteria and  
 16 30 implement the loan repayment program.

Allocates \$100,000 for the [FIND Dental Education Loan Repayment Program](#).

DETAIL: This is no change compared to the FY 2016 allocation.

16 31 l. Of the funds appropriated in this subsection, ~~\$52,914~~  
 16 32 ~~\$105,823~~ is transferred to the college student aid commission  
 16 33 for deposit in the rural Iowa primary care trust fund created  
 16 34 in section 261.113 to be used for the purposes of the fund.

Allocates \$105,823 for transfer to the College Student Aid Commission for deposit in the [Primary Care Trust](#).

DETAIL: This is no change compared to the FY 2016 allocation.

16 35 m. Of the funds appropriated in this subsection, ~~\$125,000~~  
 16 36 ~~\$250,000~~ shall be used for the purposes of the Iowa donor  
 16 37 registry as specified in section 142C.18.

Allocates \$250,000 to the [Iowa Donor Registry](#).

DETAIL: This is no change compared to the FY 2016 allocation.

16 38 n. Of the funds appropriated in this subsection, ~~\$50,000~~  
 16 39 ~~\$100,000~~ shall be used for continuation of a grant to a  
 17 1 nationally affiliated volunteer eye organization that has an  
 17 2 established program for children and adults and that is solely  
 17 3 dedicated to preserving sight and preventing blindness through  
 17 4 education, nationally certified vision screening and training,  
 17 5 and community and patient service programs. The organization  
 17 6 shall submit a report to the individuals identified in this  
 17 7 Act for submission of reports regarding the use of funds  
 17 8 allocated under this paragraph "n". The report shall include  
 17 9 the objectives and results for the program year including  
 17 10 the target population and how the funds allocated assisted  
 17 11 the program in meeting the objectives; the number, age, and  
 17 12 location within the state of individuals served; the type of  
 17 13 services provided to the individuals served; the distribution  
 17 14 of funds based on services provided; and the continuing needs  
 17 15 of the program.

Allocates \$100,000 to Prevent Blindness Iowa for a vision screening and training program.

DETAIL: This is no change compared to the FY 2016 allocation. The Program is required to submit a report outlining program objectives, target population and locations, services provided, and other details.

17 16 o. Of the funds appropriated in this subsection,  
 17 17 ~~\$1,000,000~~ \$2,000,000 shall be deposited in the medical  
 17 18 residency training account created in section 135.175,  
 17 19 subsection 5, paragraph "a", and is appropriated from the  
 17 20 account to the department of public health to be used for the  
 17 21 purposes of the medical residency training state matching  
 17 22 grants program as specified in section 135.176. However,  
 17 23 notwithstanding any provision to the contrary in section  
 17 24 135.176, priority in the awarding of grants for the fiscal  
 17 25 year beginning July 1, 2016, shall be given to sponsors  
 17 26 approved but not funded in the prior fiscal year competitive  
 17 27 procurement process that proposed preference in the use of  
 17 28 the grant funds for internal medicine positions, and priority  
 17 29 in the awarding of the remaining moneys shall be given to  
 17 30 sponsors that propose preference in the use of the grant  
 17 31 funds for psychiatric residency positions and family practice  
 17 32 residency positions.

Allocates \$2,000,000 for a Medical Residency Training Program. Specifies that grants for approved but unfunded awards in FY 2016 be given first preference. The remainder of the funds are to give preference to the expansion of new medical residency positions, psychiatric residency positions, and family practice positions.

DETAIL: This is no change in funding compared to the FY 2016 allocation. The priority for giving funds to previously awarded but not funded grantees is new.

17 33 p. Of the funds appropriated in this subsection, ~~\$78,399~~  
 17 34 \$156,619 is allocated to the university of Iowa hospitals and  
 17 35 clinics to continue a systematic and evidence-based practice  
 17 36 collaborative care model to improve outcomes of mental health  
 17 37 treatment in primary care settings in the state. Funds shall  
 17 38 be used to establish the collaborative care model in several  
 17 39 primary care practices in rural and urban areas throughout the  
 18 1 state, to provide staffing to administer the model, and to  
 18 2 provide staff training and database management to track and  
 18 3 manage patient outcomes.

Allocates \$156,619 to the UIHC for a program that improves outcomes for mental health treatment in primary care settings.

DETAIL: This is no change compared to the FY 2016 allocation. The program provides additional training to medical residency students about mental health and psychiatric prescriptions and tracks data and outcomes.

18 4 q. Of the funds appropriated in this subsection, \$100,000  
 18 5 shall be used by the department of public health to develop  
 18 6 recommendations to be submitted in a report by December 15,  
 18 7 2016, as otherwise described in this division of this Act,  
 18 8 including those for a broader, more systematic and strategic  
 18 9 workforce initiative, which may include a comprehensive  
 18 10 study of workforce program needs and the establishment of an  
 18 11 advisory workgroup.

Allocates \$100,000 for the DPH to develop a report on broader, more systemic, and more strategic workforce initiatives.

DETAIL: This is a new allocation. The report is further detailed in subsections 9(b) and 9(c).

## 18 12 5. HEALTHY AGING

18 13 To provide public health services that reduce risks and  
 18 14 invest in promoting and protecting good health over the  
 18 15 course of a lifetime with a priority given to older lowans and  
 18 16 vulnerable populations:

18 17	..... \$	3,648,571
18 18		<u>7,297,142</u>

General Fund appropriation to [Healthy Aging](#) programs.

DETAIL: This is no change compared to estimated net FY 2016.

## 18 19 6. INFECTIOUS DISEASES

General Fund appropriation to [Infectious Disease](#) programs.

18 20 For reducing the incidence and prevalence of communicable  
 18 21 diseases, and for not more than the following full-time  
 18 22 equivalent positions:  
 18 23 ..... \$ 667,577  
 18 24 ..... 1,335,155  
 18 25 ..... FTEs 4.00

DETAIL: This is no change in funding or FTE positions compared to estimated net FY 2016.

18 26 7. PUBLIC PROTECTION

General Fund appropriation to [Public Protection](#) programs.

18 27 For protecting the health and safety of the public through  
 18 28 establishing standards and enforcing regulations, and for not  
 18 29 more than the following full-time equivalent positions:  
 18 30 ..... \$ 2,169,595  
 18 31 ..... 4,399,191  
 18 32 ..... FTEs 136.00  
 18 33 ..... 137.00

DETAIL: This is an increase of \$60,000 and 1.00 FTE position compared to estimated net FY 2016. The increase is to fully fund the Certificate of Need Program staff. This position previously split duties with the Administrative Rules coordination process.

18 34 a. Of the funds appropriated in this subsection, not more  
 18 35 than ~~\$227,350~~ \$454,700 shall be credited to the emergency  
 18 36 medical services fund created in section 135.25. Moneys in  
 18 37 the emergency medical services fund are appropriated to the  
 18 38 department to be used for the purposes of the fund.

Allocates up to \$454,700 for the EMS Fund.

DETAIL: This is no change compared to the FY 2016 allocation. The Fund provides a 1:1 match to counties for the acquisition of equipment, and providing education and training related to EMS.

18 39 b. Of the funds appropriated in this subsection, ~~\$101,516~~  
 19 1 \$203,032 shall be used for sexual violence prevention  
 19 2 programming through a statewide organization representing  
 19 3 programs serving victims of sexual violence through the  
 19 4 department's sexual violence prevention program. The amount  
 19 5 allocated in this paragraph "b" shall not be used to supplant  
 19 6 funding administered for other sexual violence prevention or  
 19 7 victims assistance programs.

Allocates \$203,032 to provide program funding for sexual violence prevention.

DETAIL: This is no change compared to the FY 2016 allocation.

19 8 c. Of the funds appropriated in this subsection, ~~\$299,375~~  
 19 9 \$598,751 shall be used for the state poison control center.  
 19 10 Pursuant to the directive under 2014 Iowa Acts, chapter 1140,  
 19 11 section 102, the federal matching funds available to the  
 19 12 state poison control center from the department of human  
 19 13 services under the federal Children's Health Insurance Program  
 19 14 Reauthorization Act allotment shall be subject to the federal  
 19 15 administrative cap rule of 10 percent applicable to funding  
 19 16 provided under Tit.XXI of the federal Social Security Act and  
 19 17 included within the department's calculations of the cap.

Allocates up to \$598,751 for the [State Poison Control Center](#).

DETAIL: This is no change compared to the FY 2016 allocation. The DHS is required to implement a new health services initiative under the Children's Health Insurance Program (CHIP) to provide funding for the Center. The Center is allowed to transfer as much funding as needed for the purpose of receiving matching federal funds.

19 18 d. Of the funds appropriated in this subsection,  
 19 19 ~~\$268,875~~ \$537,750 shall be used for childhood lead poisoning  
 19 20 provisions.

Allocates \$537,750 for [childhood lead poisoning](#) testing.

DETAIL: This is no change compared to the FY 2016 allocation.

19 21 8. RESOURCE MANAGEMENT  
 19 22 For establishing and sustaining the overall ability of the  
 19 23 department to deliver services to the public, and for not more  
 19 24 than the following full-time equivalent positions:  
 19 25 .....\$ 427,536  
 19 26 ..... 1,005,072  
 19 27 ..... FTEs 4.00

General Fund appropriation for [Resource Management](#) activities.

DETAIL: This is an increase of \$150,000 and no change in FTE positions compared to estimated net FY 2016. The increase funds the ongoing service charges from the Office of the Chief Information Officer due to the Department's move of IT Infrastructure support from the Lucas Data Center to the Hoover Data Center. The total new annual costs are estimated at \$600,000 based on FY 2016 rates, but federal funds, other funds, and fees will make up the 75.0% not covered by this increase.

19 28 9. MISCELLANEOUS PROVISIONS

Prohibits the UIHC from receiving indirect cost reimbursement from General Fund appropriations to the Department. Requires the UIHC to submit billings to the DPH on a quarterly basis each year.

19 29 a. The university of Iowa hospitals and clinics under  
 19 30 the control of the state board of regents shall not receive  
 19 31 indirect costs from the funds appropriated in this section.  
 19 32 The university of Iowa hospitals and clinics billings to the  
 19 33 department shall be on at least a quarterly basis.

Requires the DPH to sample entities receiving funding through the DPH and require the entities to submit a report by September 1, 2016, that contains the objectives and results of the program funded, how funds are utilized, targeted population served, and continuing programming needs in the future. The DPH must make recommendations to the Governor and the General Assembly about realigning, bundling, or otherwise distributing funding to meet the needs identified and improving services in the following fiscal year by December 15, 2016.

19 34 b. The department of public health shall conduct a sampling  
 19 35 of the entities to which appropriated funds are allocated,  
 19 36 granted, or otherwise distributed under this section and  
 19 37 shall require such entities to submit a progress report to the  
 19 38 department by September 1, 2016, which includes the objectives  
 19 39 and results of the program since the initial receipt of state  
 20 1 funding and how the funds are assisting the program in meeting  
 20 2 the objectives, specifying the target population served and  
 20 3 the type of services provided, and identifying the continuing  
 20 4 needs of the recipient entity and the service population. The  
 20 5 department shall review the information reported and shall  
 20 6 make recommendations to the governor and the general assembly  
 20 7 by December 15, 2016, to realign, bundle, or otherwise  
 20 8 redistribute funding to meet the needs identified and improve  
 20 9 services during the subsequent fiscal year.

Requires the DPH to submit a report regarding the proposal for realigning, bundling, and adjusting the Departments funding streams to reflect their priorities and goals. The report is due to the Chairpersons and Ranking Members of the Health and Human Services Appropriations Subcommittee, legislative caucus staffs, and the LSA by December 15, 2016. The report must specifically include recommendations for a broader, systemic workforce strategy and include strategies developed with the Department of Education to encourage elementary and secondary education students to pursue careers in the fields of health and health care.

20 10 c. The department of public health shall submit a report  
 20 11 to the individuals identified in this Act for submission  
 20 12 of reports by December 15, 2016, regarding a proposal  
 20 13 for realigning, bundling, redistributing, or otherwise  
 20 14 adjusting the department's funding streams to reflect the  
 20 15 department's priorities and goals and to provide increased  
 20 16 flexibility in the distribution of funding to meet these  
 20 17 priorities and goals. The proposal shall specifically include  
 20 18 recommendations for a broader, more systematic and strategic  
 20 19 workforce initiative which may include a comprehensive  
 20 20 study of workforce program needs and the establishment of an  
 20 21 advisory workgroup. The proposal shall also specifically  
 20 22 include strategies, developed in collaboration with the

20 23 department of education, to encourage elementary and secondary  
 20 24 education students to pursue careers in the fields of health  
 20 25 and health care.

20 26 DIVISION IV  
 20 27 DEPARTMENT OF VETERANS AFFAIRS — FY 2016-2017

20 28 Sec. 4. 2015 Iowa Acts, chapter 137, section 124, is  
 20 29 amended to read as follows:  
 20 30 SEC. 124. DEPARTMENT OF VETERANS AFFAIRS. There is  
 20 31 appropriated from the general fund of the state to the  
 20 32 department of veterans affairs for the fiscal year beginning  
 20 33 July 1, 2016, and ending June 30, 2017, the following amounts,  
 20 34 or so much thereof as is necessary, to be used for the  
 20 35 purposes designated:  
 20 36 1. DEPARTMENT OF VETERANS AFFAIRS ADMINISTRATION  
 20 37 For salaries, support, maintenance, and miscellaneous  
 20 38 purposes, and for not more than the following full-time  
 20 39 equivalent positions:

21 1	..... \$	600,273
21 2	.....	<u>1,200,546</u>
21 3	..... FTEs	15.00

21 4 2. IOWA VETERANS HOME

21 5 For salaries, support, maintenance, and miscellaneous  
 21 6 purposes:  
 21 7 ..... \$ 3,797,498  
 21 8 ..... 7,594,996

21 9 a. The Iowa veterans home billings involving the  
 21 10 department of human services shall be submitted to the  
 21 11 department on at least a monthly basis.

21 12 c. Within available resources and in conformance with  
 21 13 associated state and federal program eligibility requirements,  
 21 14 the Iowa veterans home may implement measures to provide  
 21 15 financial assistance to or on behalf of veterans or their  
 21 16 spouses who are participating in the community reentry  
 21 17 program.

21 18 e. The Iowa veterans home shall expand the annual discharge  
 21 19 report to also include applicant information and to provide  
 21 20 for the collection of demographic information including  
 21 21 but not limited to the number of individuals applying for  
 21 22 admission and admitted or denied admittance and the basis for  
 21 23 the admission or denial; the age, gender, and race of such  
 21 24 individuals; and the level of care for which such individuals

General Fund appropriation to the [Department of Veterans Affairs](#).

DETAIL: This is no change in funding or FTE positions compared to estimated net FY 2016.

General Fund appropriation to the [Iowa Veterans Home](#) (IVH).

DETAIL: This is no change compared to estimated net FY 2016.

Requires the IVH to submit monthly claims relating to Medicaid to the DHS.

Permits the IVH to provide financial assistance to support participation in the community reentry program within state and federal eligibility requirements.

Requires the IVH to expand the annual discharge report to include applicant information, demographic information, and the level of care for which individuals applied for admission.

21 25 applied for admission including residential or nursing level  
21 26 of care.

General Fund Appropriation for the [Home Ownership Assistance Program](#) for military service members, to be transferred to the Iowa Finance Authority.

DETAIL: This is no change compared to estimated net FY 2016.

21 27 3. HOME OWNERSHIP ASSISTANCE PROGRAM  
21 28 For transfer to the Iowa finance authority for the  
21 29 continuation of the home ownership assistance program for  
21 30 persons who are or were eligible members of the armed forces  
21 31 of the United States, pursuant to section 16.54:  
21 32 ..... \$ 1,250,000  
21 33 ..... 2,500,000

Limits the FY 2017 General Fund standing appropriation to the [County Commissions of Veteran Affairs Fund](#) to \$990,000.

DETAIL: This is a decrease of \$10,000 compared to the standing appropriation of \$1,000,000 in Iowa Code section [35A.16](#) and is no change compared to estimated net FY 2016.

21 34 Sec. 5. 2015 Iowa Acts, chapter 137, section 125, is  
21 35 amended to read as follows:  
21 36 SEC. 125. LIMITATION OF COUNTY COMMISSIONS OF VETERAN  
21 37 AFFAIRS FUND STANDING APPROPRIATIONS. Notwithstanding the  
21 38 standing appropriation in section 35A.16 for the fiscal year  
21 39 beginning July 1, 2016, and ending June 30, 2017, the amount  
22 1 appropriated from the general fund of the state pursuant to  
22 2 that section for the following designated purposes shall not  
22 3 exceed the following amount:  
22 4 For the county commissions of veteran affairs fund under  
22 5 section 35A.16:  
22 6 ..... \$ 495,000  
22 7 ..... 990,000

22 8 DIVISION V  
22 9 DEPARTMENT OF HUMAN SERVICES — FY 2016-2017

22 10 Sec. 6. 2015 Iowa Acts, chapter 137, section 126, is  
22 11 amended to read as follows:

Temporary Assistance for Needy Families (TANF) Federal Block Grant Fund appropriations for FY 2017.

DETAIL: The federal government implemented Federal Welfare Reform on August 22, 1996. Federal Welfare Reform changed the funding for the Family Investment Program (FIP) from a matching program to a federal block grant. The TANF Program was reauthorized on February 8, 2006, with work participation rates extended to separate state programs and the elimination of high performance bonuses; however, Iowa's federal grant remains the same at \$131,028,542 per year.

22 12 SEC. 126. TEMPORARY ASSISTANCE FOR NEEDY FAMILIES BLOCK  
22 13 GRANT. There is appropriated from the fund created in section  
22 14 8.41 to the department of human services for the fiscal year  
22 15 beginning July 1, 2016, and ending June 30, 2017, from moneys  
22 16 received under the federal temporary assistance for needy  
22 17 families (TANF) block grant pursuant to the federal Personal  
22 18 Responsibility and Work Opportunity Reconciliation Act of  
22 19 1996, Pub.L.No.104-193, and successor legislation, the  
22 20 following amounts, or so much thereof as is necessary, to be  
22 21 used for the purposes designated:

TANF FY 2017 Block Grant appropriation for the Family Investment Program (FIP) Account. Iowa's FIP Program is a cash assistance program to support low-income families with children and to provide services for them to become self-sufficient.

DETAIL: This is a decrease of \$24,533 compared to estimated net FY 2016. The decrease is due to a declining caseload and a shift in

22 22 1. To be credited to the family investment program account  
22 23 and used for assistance under the family investment program  
22 24 under chapter 239B:  
22 25 ..... \$ 2,568,497  
22 26 ..... 5,112,462



Program funding to the General Fund to meet maintenance of effort (MOE) requirements.

TANF FY 2017 Block Grant appropriation for the PROMISE JOBS Program. The PROMISE JOBS Program provides training, education, and employment services. In addition, the Program pays allowances for specified costs, such as transportation, related to participating in program activities.

DETAIL: This is a decrease of \$4,562,485 compared to estimated net FY 2016. The decrease is due to a declining caseload and a shift in Program funding to the General Fund to meet MOE requirements.

TANF FY 2017 Block Grant appropriation for the Family Development and Self Sufficiency (FaDSS) Program, a home-based supportive service to assist families with significant or multiple barriers to reach self-sufficiency. The program was created during the 1988 General Assembly to assist families participating in the Family Investment Program.

DETAIL: This is no change compared to estimated net FY 2016.

Requires nonreversion of funds allocated for the FaDSS Grant Program.

TANF FY 2017 Block Grant appropriation for Field Operations.

DETAIL: This is an increase of \$4,478,099 compared to estimated net FY 2016. This increase in TANF dollars is offset by a decrease in the General Fund Field Operations Appropriation, and there is no net change.

TANF FY 2017 Block Grant appropriation for General Administration.

DETAIL: This is no change compared to estimated net FY 2016.

TANF FY 2017 Block Grant appropriation for Child Care Assistance.

DETAIL: This is an increase of \$11,819,716 compared to estimated net FY 2016. The increase is offset by a decrease in the General Fund

22 27 2. To be credited to the family investment program account  
22 28 and used for the job opportunities and basic skills (JOBS)  
22 29 program and implementing family investment agreements in  
22 30 accordance with chapter 239B:  
22 31 .....\$ 5,069,089  
22 32 .....5,575,693

22 33 3. To be used for the family development and  
22 34 self-sufficiency grant program in accordance with section  
22 35 216A.107:  
22 36 .....\$ 1,449,490  
22 37 .....2,898,980

22 38 Notwithstanding section 8.33, moneys appropriated in this  
22 39 subsection that remain unencumbered or unobligated at the  
23 1 close of the fiscal year shall not revert but shall remain  
23 2 available for expenditure for the purposes designated until  
23 3 the close of the succeeding fiscal year. However, unless such  
23 4 moneys are encumbered or obligated on or before September 30,  
23 5 ~~2016~~ 2017, the moneys shall revert.

23 6 4. For field operations:  
23 7 .....\$ 15,648,116  
23 8 .....35,774,331

23 9 5. For general administration:  
23 10 .....\$ 1,872,000  
23 11 .....3,744,000

23 12 6. For state child care assistance:  
23 13 .....\$ 17,523,555  
23 14 .....46,866,826



Child Care Assistance Appropriation, and further program changes are discussed in that section.

Requires the DHS to transfer \$26,328,097 to the Child Care and Development Block Grant and to use \$200,000 for training of registered child care home providers. Permits the DHS to contract with colleges or child care resource and referral centers, and specifies requirements for funding the grants and the application form for the Grant. Caps contractor administrative costs at 5.00%.

Specifies that approximately \$20,538,729 will be used for Child Care Assistance for employed individuals enrolled in the Family Investment Program (FIP).

Eliminates the TANF FY 2017 Block Grant appropriation for Mental Health and Developmental Disabilities Community Services.

DETAIL: This is a decrease of \$4,894,052 compared to estimated net FY 2016. These funds are directly appropriated through the TANF FY 2017 Block Grant appropriation for Child and Family Services.

TANF FY 2017 Block Grant appropriation for Child and Family Services.

DETAIL: This is an increase of \$5,172,151 compared to estimated net FY 2016. The changes include:

- An increase of \$4,894,052 to appropriated funds that were previously transferred to this appropriation from the Social Services Block Grant.
- A decrease of \$5,200,000 for the purpose of funding juvenile delinquent graduated sanctions with General Fund dollars, as the use of TANF dollars for juvenile delinquent graduated sanctions is no longer permissible.
- An increase of \$4,478,098 to offset a General Fund appropriations decrease of the same amount.

23 15 a. Of the funds appropriated in this subsection,  
23 16 ~~\$13,164,048~~ \$26,328,097 is transferred to the child care and  
23 17 development block grant appropriation made by the Eighty-sixth  
23 18 General Assembly, 2016 Session, for the federal fiscal year  
23 19 beginning October 1, 2016, and ending September 30, 2017. Of  
23 20 this amount, ~~\$100,000~~ \$200,000 shall be used for provision  
23 21 of educational opportunities to registered child care home  
23 22 providers in order to improve services and programs offered  
23 23 by this category of providers and to increase the number of  
23 24 providers. The department may contract with institutions  
23 25 of higher education or child care resource and referral  
23 26 centers to provide the educational opportunities. Allowable  
23 27 administrative costs under the contracts shall not exceed 5  
23 28 percent. The application for a grant shall not exceed two  
23 29 pages in length.

23 30 b. Any funds appropriated in this subsection remaining  
23 31 unallocated shall be used for state child care assistance  
23 32 payments for families who are employed including but not  
23 33 limited to individuals enrolled in the family investment  
23 34 program.

23 35 ~~7. For distribution to counties and regions through the~~  
23 36 ~~property tax relief fund for mental health and disability~~  
23 37 ~~services as provided in an appropriation made for this~~  
23 38 ~~purpose:~~  
23 39 ..... \$ 2,447,026

24 1 8. For child and family services:  
24 2 ..... \$ 16,042,215  
24 3 ..... 37,256,580

- A general increase of \$1,000,000.

TANF FY 2017 Block Grant appropriation for Child Abuse Prevention Grants.

DETAIL: This is no change compared to estimated net FY 2016.

TANF FY 2017 Block Grant appropriation for pregnancy prevention grants on the condition that family planning services are funded.

DETAIL: This is no change compared to estimated net FY 2016.

Requires the Department to award pregnancy prevention grants that are based on existing models and to programs that have demonstrated positive outcomes. Requires pregnancy prevention grants from the TANF to include the requirement that sexual abstinence be emphasized. Specifies that priority in awarding the grants should be given to programs in areas of Iowa that have the highest percentage of unplanned adolescent pregnancies within the geographic area served by the grant.

TANF FY 2017 Block Grant appropriation for federal welfare reform reporting, tracking, and case management technology and resource needs.

DETAIL: This is no change compared to estimated net FY 2016.

TANF FY 2017 Block Grant appropriation to the DHS to implement and maintain the new FIP eligibility system.

DETAIL: This is a decrease of \$1,000,000 compared to estimated net FY 2016.

Permits the DHS to carryforward TANF funds.

DETAIL: Funds carried forward may be used for FIP and Child Care Assistance.

24 4 9. For child abuse prevention grants:  
24 5 .....\$ 62,500  
24 6 .....125,000

24 7 10. For pregnancy prevention grants on the condition that  
24 8 family planning services are funded:  
24 9 .....\$ 965,033  
24 10 .....1,930,067

24 11 Pregnancy prevention grants shall be awarded to programs  
24 12 in existence on or before July 1, 2016, if the programs have  
24 13 demonstrated positive outcomes. Grants shall be awarded to  
24 14 pregnancy prevention programs which are developed after July  
24 15 1, 2016, if the programs are based on existing models that  
24 16 have demonstrated positive outcomes. Grants shall comply with  
24 17 the requirements provided in 1997 Iowa Acts, chapter 208,  
24 18 section 14, subsections 1 and 2, including the requirement  
24 19 that grant programs must emphasize sexual abstinence.  
24 20 Priority in the awarding of grants shall be given to programs  
24 21 that serve areas of the state which demonstrate the highest  
24 22 percentage of unplanned pregnancies of females of childbearing  
24 23 age within the geographic area to be served by the grant.

24 24 11. For technology needs and other resources necessary  
24 25 to meet federal welfare reform reporting, tracking, and case  
24 26 management requirements:  
24 27 .....\$ 518,593  
24 28 .....1,037,186

24 29 12. For the family investment program share of the costs to  
24 30 continue to develop and maintain a new, integrated eligibility  
24 31 determination system:  
24 32 .....\$ 3,327,440  
24 33 .....5,654,880

24 34 13. a. Notwithstanding any provision to the contrary,  
24 35 including but not limited to requirements in section 8.41 or  
24 36 provisions in 2015 or 2016 Iowa Acts regarding the receipt  
24 37 and appropriation of federal block grants, federal funds  
24 38 from the temporary assistance for needy families block grant  
24 39 received by the state and not otherwise appropriated in this  
25 1 section and remaining available for the fiscal year beginning

25 2 July 1, 2016, are appropriated to the department of human  
 25 3 services to the extent as may be necessary to be used in the  
 25 4 following priority order:the family investment program, for  
 25 5 state child care assistance program payments for families who  
 25 6 are employed, and for the family investment program share of  
 25 7 costs to develop and maintain a new, integrated eligibility  
 25 8 determination system. The federal funds appropriated in this  
 25 9 paragraph "a" shall be expended only after all other funds  
 25 10 appropriated in subsection 1 for the assistance under the  
 25 11 family investment program, in subsection 6 for child care  
 25 12 assistance, or in subsection 12 for the family investment  
 25 13 program share of the costs to continue to develop and maintain  
 25 14 a new, integrated eligibility determination system, as  
 25 15 applicable, have been expended. For the purposes of this  
 25 16 subsection, the funds appropriated in subsection 6, paragraph  
 25 17 "a", for transfer to the child care and development block  
 25 18 grant appropriation are considered fully expended when the  
 25 19 full amount has been transferred.

25 20 b. The department shall, on a quarterly basis, advise the  
 25 21 legislative services agency and department of management of  
 25 22 the amount of funds appropriated in this subsection that was  
 25 23 expended in the prior quarter.

Requires the DHS to submit quarterly reports to the LSA and the Department of Management (DOM) regarding expenditures in this section.

25 24 14. Of the amounts appropriated in this section,  
 25 25 ~~\$6,481,004~~ \$12,962,008 for the fiscal year beginning July  
 25 26 1, 2016, is transferred to the appropriation of the federal  
 25 27 social services block grant made to the department of human  
 25 28 services for that fiscal year.

Requires \$12,962,008 of the federal TANF funds appropriated in this section to be transferred to the federal Social Services Block Grant appropriation.

DETAIL: This is no change compared to estimated net FY 2016.

25 29 15. For continuation of the program providing categorical  
 25 30 eligibility for the food assistance program as specified for  
 25 31 the program in the section of this division of this 2016 Act  
 25 32 relating to the family investment program account:

TANF FY 2017 Block Grant appropriation to the Promoting Healthy Marriage Program.

DETAIL: This is no change compared to estimated net FY 2016.

25 33 .....\$ 12,500  
 25 34 ..... 25,000

25 35 16. The department may transfer funds allocated in this  
 25 36 section to the appropriations made in this division of this  
 25 37 Act for the same fiscal year for general administration and  
 25 38 field operations for resources necessary to implement and  
 25 39 operate the services referred to in this section and those  
 26 1 funded in the appropriation made in this division of this Act  
 26 2 for the same fiscal year for the family investment program  
 26 3 from the general fund of the state.

Permits the DHS to transfer funds to General Administration and Field Operations for costs associated with TANF-funded programs and the FIP.

26 4 Sec. 7. 2015 Iowa Acts, chapter 137, section 127, is  
 26 5 amended to read as follows:

26 6 SEC. 127. FAMILY INVESTMENT PROGRAM ACCOUNT.

26 7 1. Moneys credited to the family investment program  
 26 8 (FIP) account for the fiscal year beginning July 1, 2016, and  
 26 9 ending June 30, 2017, shall be used to provide assistance in  
 26 10 accordance with chapter 239B.

Requires funds credited to the FIP Account for FY 2016 to be used as specified.

26 11 2. The department may use a portion of the moneys credited  
 26 12 to the FIP account under this section as necessary for  
 26 13 salaries, support, maintenance, and miscellaneous purposes.

Permits the DHS to use FIP funds for various administrative purposes.

26 14 3. The department may transfer funds allocated in  
 26 15 subsection 4 to the appropriations made in this division of  
 26 16 this Act for the same fiscal year for general administration  
 26 17 and field operations for resources necessary to implement and  
 26 18 operate the family investment program services referred to in  
 26 19 this section and those funded in the appropriation made in  
 26 20 this division of this Act for the same fiscal year for the  
 26 21 family investment program from the general fund of the state.

Permits the DHS to transfer funds to General Administration and Field Operations for costs associated with this section.

26 22 4. Moneys appropriated in this division of this Act and  
 26 23 credited to the FIP account for the fiscal year beginning July  
 26 24 1, 2016, and ending June 30, 2017, are allocated as follows:

Requires the TANF Block Grant funds appropriated to the FIP Account to be allocated as specified.

26 25 a. To be retained by the department of human services to be  
 26 26 used for coordinating with the department of human rights to  
 26 27 more effectively serve participants in FIP and other shared  
 26 28 clients and to meet federal reporting requirements under the  
 26 29 federal temporary assistance for needy families block grant:  
 26 30 .....\$ 40,000  
 26 31 ..... 20,000

Allocates \$20,000 to the DHS to be used for administrative services.

DETAIL: This is no change compared to estimated net FY 2016.

26 32 b. To the department of human rights for staffing,  
 26 33 administration, and implementation of the family development  
 26 34 and self-sufficiency grant program in accordance with section  
 26 35 216A.107:  
 26 36 .....\$ 3,096,417  
 26 37 ..... 6,192,834

Allocates \$6,192,834 of the FY 2016 General Fund appropriation and TANF funds to the Department of Human Rights for the FaDSS (Family Development and Self Sufficiency) Grant Program.

DETAIL: This is no change compared to estimated net FY 2016.

26 38 (1) Of the funds allocated for the family development  
 26 39 and self-sufficiency grant program in this paragraph "b",  
 27 1 not more than 5 percent of the funds shall be used for the  
 27 2 administration of the grant program.

Specifies that a maximum of 5.00% of the allocation be spent on administration of FaDSS Program grants.

27 3 (2) The department of human rights may continue to  
 27 4 implement the family development and self-sufficiency grant  
 27 5 program statewide during fiscal year 2016-2017.

Permits the Department of Human Rights to continue to implement the FaDSS Grant Program in FY 2017.

27 6 (3) The department of human rights may engage in activities  
 27 7 to strengthen and improve family outcomes measures and

27 8 data collection systems under the family development and  
27 9 self-sufficiency grant program.

Allocates \$815,000 of FY 2017 TANF funds for the FIP Diversion Subaccount.

27 10 c. For the diversion subaccount of the FIP account:  
27 11 .....\$ 407,500  
27 12 .....815,000

DETAIL: This is no change compared to estimated net FY 2016.

27 13 A portion of the moneys allocated for the subaccount may  
27 14 be used for field operations, salaries, data management  
27 15 system development, and implementation costs and support  
27 16 deemed necessary by the director of human services in order  
27 17 to administer the FIP diversion program. To the extent  
27 18 moneys allocated in this paragraph "c" are not deemed by the  
27 19 department to be necessary to support diversion activities,  
27 20 such moneys may be used for other efforts intended to increase  
27 21 engagement by family investment program participants in work,  
27 22 education, or training activities.

27 23 d. For the food assistance employment and training  
27 24 program:

Allocates \$66,588 of FY 2017 FIP funds to the Food Stamp Employment and Training Program.

27 25 .....\$ 33,294  
27 26 .....66,588

DETAIL: This is no change compared to estimated net FY 2016.

27 27 (1) The department shall apply the federal supplemental  
27 28 nutrition assistance program (SNAP) employment and training  
27 29 state plan in order to maximize to the fullest extent  
27 30 permitted by federal law the use of the 50 percent federal  
27 31 reimbursement provisions for the claiming of allowable federal  
27 32 reimbursement funds from the United States department of  
27 33 agriculture pursuant to the federal SNAP employment and  
27 34 training program for providing education, employment, and  
27 35 training services for eligible food assistance program  
27 36 participants, including but not limited to related dependent  
27 37 care and transportation expenses.

Requires the Department to amend the Food Stamp Employment and Training State Plan to maximize federal matching funds received.

27 38 (2) The department shall continue the categorical federal  
27 39 food assistance program eligibility at 160 percent of the  
28 1 federal poverty level and continue to eliminate the asset test  
28 2 from eligibility requirements, consistent with federal food  
28 3 assistance program requirements. The department shall include  
28 4 as many food assistance households as is allowed by federal  
28 5 law. The eligibility provisions shall conform to all federal  
28 6 requirements including requirements addressing individuals who  
28 7 are incarcerated or otherwise ineligible.

Requires the DHS to continue Food Assistance Program eligibility to persons with income up to 160.00% of the Federal Poverty Level (FPL). The DHS is to conform to all federal requirements, including requirements addressing individuals that are incarcerated.

28 8 e. For the JOBS program:  
28 9 .....\$ 8,770,199  
28 10 .....16,129,101

Permits the DHS to allocate \$16,129,101 of the FY 2017 General Fund appropriation and TANF funds for the PROMISE JOBS Program.

DETAIL: This is a decrease of \$1,411,297 compared to estimated

FY 2016 due to declining caseloads.

Requires the federal share of child support collections recovered by the state to be credited to the Child Support Recovery Unit. The remainder of support collected is credited to the FIP Account, and the DHS is permitted to use a portion to increase recoveries and to sustain cash flow in the Child Support Payments Account.

28 11 5. Of the child support collections assigned under FIP,  
28 12 an amount equal to the federal share of support collections  
28 13 shall be credited to the child support recovery appropriation  
28 14 made in this division of this Act. Of the remainder of the  
28 15 assigned child support collections received by the child  
28 16 support recovery unit, a portion shall be credited to the FIP  
28 17 account, a portion may be used to increase recoveries, and a  
28 18 portion may be used to sustain cash flow in the child support  
28 19 payments account. If as a consequence of the appropriations  
28 20 and allocations made in this section the resulting amounts  
28 21 are insufficient to sustain cash assistance payments and meet  
28 22 federal maintenance of effort requirements, the department  
28 23 shall seek supplemental funding. If child support collections  
28 24 assigned under FIP are greater than estimated or are otherwise  
28 25 determined not to be required for maintenance of effort, the  
28 26 state share of either amount may be transferred to or retained  
28 27 in the child support payments account.

Permits the DHS to adopt emergency administrative rules for the Family Investment Program, the Food Stamp Program, and the Medical Assistance (Medicaid) Program.

28 28 6. The department may adopt emergency rules for the family  
28 29 investment, JOBS, food assistance, and medical assistance  
28 30 programs if necessary to comply with federal requirements.

28 31 Sec. 8. 2015 Iowa Acts, chapter 137, section 128, is  
28 32 amended to read as follows:

General Fund appropriation to the DHS for the [Family Investment Program \(FIP\)](#), to be credited to the FIP Account. The appropriation for the FIP Account also contains funding for the PROMISE JOBS and FaDSS Programs.

DETAIL: This is an increase of \$3,900,000 compared to estimated net FY 2016 to replace a deappropriation in FY 2016.

The appropriation maintains the current FIP payment levels (maximum grants of \$361 per month for a family with two persons and \$426 for a family with three persons).

28 33 SEC. 128. FAMILY INVESTMENT PROGRAM GENERAL FUND. There  
28 34 is appropriated from the general fund of the state to the  
28 35 department of human services for the fiscal year beginning  
28 36 July 1, 2016, and ending June 30, 2017, the following amount,  
28 37 or so much thereof as is necessary, to be used for the purpose  
28 38 designated:

28 39 To be credited to the family investment program (FIP)  
29 1 account and used for family investment program assistance  
29 2 under chapter 239B:  
29 3 ..... \$ 24,336,937  
29 4 ..... 48,673,875

General Fund allocation of \$10,553,408 for the PROMISE JOBS Program.

DETAIL: This is an increase of \$3,151,188 compared to estimated net FY 2016.

29 5 1. Of the funds appropriated in this section, ~~\$3,701,140~~  
29 6 \$10,553,408 is allocated for the JOBS program.

General Fund allocation of \$3,313,854 for the FaDSS Program.

29 7 2. Of the funds appropriated in this section, ~~\$1,656,927~~

29 8 ~~\$3,313,854~~ is allocated for the family development and  
 29 9 self-sufficiency grant program.

DETAIL: This is no change compared to the FY 2016 allocation.

29 10 3. Notwithstanding section 8.39, for the fiscal year  
 29 11 beginning July 1, 2016, if necessary to meet federal  
 29 12 maintenance of effort requirements; or to transfer federal  
 29 13 temporary assistance for needy families block grant funding  
 29 14 to be used for purposes of the federal social services block  
 29 15 grant; or to meet cash flow needs resulting from delays in  
 29 16 receiving federal funding; or to implement, in accordance with  
 29 17 this division of this Act, activities currently funded with  
 29 18 juvenile court services, county, or community moneys and state  
 29 19 moneys used in combination with such moneys; to comply with  
 29 20 federal requirements; or to maximize the use of federal funds,  
 29 21 the department of human services may transfer funds within  
 29 22 or between any of the appropriations made in this division  
 29 23 of this Act and appropriations in law for the federal social  
 29 24 services block grant to the department for the following  
 29 25 purposes, provided that the combined amount of state and  
 29 26 federal temporary assistance for needy families block grant  
 29 27 funding for each appropriation remains the same before and  
 29 28 after the transfer:  
 29 29 a. For the family investment program.  
 29 30 b. For child care assistance.  
 29 31 c. For child and family services.  
 29 32 d. For field operations.  
 29 33 e. For general administration.  
 29 34 ~~f. For distribution to counties or regions through the~~  
 29 35 ~~property tax relief fund for mental health and disability~~  
 29 36 ~~services as provided in an appropriation for this purpose.~~  
 29 37 This subsection shall not be construed to prohibit the use  
 29 38 of existing state transfer authority for other purposes. The  
 29 39 department shall report any transfers made pursuant to this  
 30 1 subsection to the legislative services agency.

Specifies that the DHS has the authority to transfer TANF funds to the Social Services Block Grant as necessary to meet federal maintenance-of-effort requirements.  
 DETAIL: In FY 2017, TANF funds will not be transferred to the Social Services Block Grant for the purpose of distribution to counties or regions through the Property Tax Relief Fund for mental health and disability services.

30 2 4. Of the funds appropriated in this section, ~~\$97,839~~  
 30 3 ~~\$195,678~~ shall be used for continuation of a grant to an  
 30 4 Iowa-based nonprofit organization with a history of providing  
 30 5 tax preparation assistance to low-income Iowans in order to  
 30 6 expand the usage of the earned income tax credit. The purpose  
 30 7 of the grant is to supply this assistance to underserved areas  
 30 8 of the state.

General Fund allocation of \$195,678 to provide tax preparation assistance for low-income Iowans.

DETAIL: This is no change compared to the FY 2016 allocation.

30 9 5. Of the funds appropriated in this section, ~~\$30,000~~  
 30 10 ~~\$60,000~~ shall be used for the continuation of an unfunded  
 30 11 pilot project, as defined in 441 IAC 100.1, relating to  
 30 12 parental obligations, in which the child support recovery

General Fund allocation of \$60,000 for a Fatherhood Initiative Pilot Project.

DETAIL: This is no change compared to the FY 2016 allocation. The

30 13 unit participates, to support the efforts of a nonprofit  
 30 14 organization committed to strengthening the community through  
 30 15 youth development, healthy living, and social responsibility  
 30 16 headquartered in a county with a population over 350,000.  
 30 17 The funds allocated in this subsection shall be used by  
 30 18 the recipient organization to develop a larger community  
 30 19 effort, through public and private partnerships, to support  
 30 20 a broad-based multi-county fatherhood initiative that  
 30 21 promotes payment of child support obligations, improved family  
 30 22 relationships, and full-time employment.

Fatherhood Initiative at the John R. Grubb YMCA in Des Moines, Iowa, is a program designed to strengthen parental skills and involvement of men who are living apart from their children. The Program offers classes in health and nutrition, effective communication, co-parenting, financial education, and community resources.

30 23 6. The department may transfer funds appropriated in  
 30 24 this section to the appropriations made in this division of  
 30 25 this Act for general administration and field operations as  
 30 26 necessary to administer this section and the overall family  
 30 27 investment program.

Permits the DHS to transfer funds appropriated in this section for General Administration and Field Operations when necessary to administer the FIP.

30 28 Sec. 9. 2015 Iowa Acts, chapter 137, section 129, is  
 30 29 amended to read as follows:

30 30 SEC. 129. CHILD SUPPORT RECOVERY. There is appropriated  
 30 31 from the general fund of the state to the department of human  
 30 32 services for the fiscal year beginning July 1, 2016, and  
 30 33 ending June 30, 2017, the following amount, or so much thereof  
 30 34 as is necessary, to be used for the purposes designated:

General Fund appropriation to the DHS for the [Child Support Recovery Unit](#).

30 35 For child support recovery, including salaries, support,  
 30 36 maintenance, and miscellaneous purposes, and for not more than  
 30 37 the following full-time equivalent positions:

DETAIL: This is no change in funding and an increase of 5.00 FTEs compared to estimated net FY 2016. The increase restores FTE positions to the level authorized in FY 2016.

30 38	.....	\$	7,331,686
30 39	.....		<u>14,663,373</u>
31 1	.....	FTEs	464.00

31 2 1. The department shall expend up to ~~\$12,164~~ \$24,329,  
 31 3 including federal financial participation, for the fiscal year  
 31 4 beginning July 1, 2016, for a child support public awareness  
 31 5 campaign. The department and the office of the attorney  
 31 6 general shall cooperate in continuation of the campaign. The  
 31 7 public awareness campaign shall emphasize, through a variety  
 31 8 of media activities, the importance of maximum involvement of  
 31 9 both parents in the lives of their children as well as the  
 31 10 importance of payment of child support obligations.

Requires the DHS to expend up to \$24,329 during FY 2017 for a child support public awareness campaign. The funding limitation includes federal funds. The campaign is to be operated in cooperation with the Office of the Attorney General and is to emphasize parental involvement and financial support.

DETAIL: This is no change compared to the FY 2016 allocation.

31 11 2. Federal access and visitation grant moneys shall be  
 31 12 issued directly to private not-for-profit agencies that  
 31 13 provide services designed to increase compliance with the  
 31 14 child access provisions of court orders, including but not  
 31 15 limited to neutral visitation sites and mediation services.

Specifies the process for utilization of receipts from federal Access and Visitation Grants.



31 16 3. The appropriation made to the department for child  
 31 17 support recovery may be used throughout the fiscal year in the  
 31 18 manner necessary for purposes of cash flow management, and for  
 31 19 cash flow management purposes the department may temporarily  
 31 20 draw more than the amount appropriated, provided the amount  
 31 21 appropriated is not exceeded at the close of the fiscal year.

Permits the DHS to use the appropriation as necessary and draw more than appropriated if needed to solve any cash flow problems, provided the amount appropriated is not exceeded at the end of the fiscal year.

31 22 4. With the exception of the funding amount specified,  
 31 23 the requirements established under 2001 Iowa Acts, chapter  
 31 24 191, section 3, subsection 5, paragraph "c", subparagraph (3),  
 31 25 shall be applicable to parental obligation pilot projects  
 31 26 for the fiscal year beginning July 1, 2016, and ending June  
 31 27 30, 2017. Notwithstanding 441 IAC 100.8, providing for  
 31 28 termination of rules relating to the pilot projects, the rules  
 31 29 shall remain in effect until June 30, 2017.

Specifies that the Department is to continue to operate the Child Support Recovery Unit under the guidelines established in HF 732 (FY 2002 Health and Human Services Appropriations Act).

31 30 Sec. 10. 2015 Iowa Acts, chapter 137, section 132, is  
 31 31 amended to read as follows:

31 32 SEC. 132. MEDICAL ASSISTANCE. There is appropriated from  
 31 33 the general fund of the state to the department of human  
 31 34 services for the fiscal year beginning July 1, 2016, and  
 31 35 ending June 30, 2017, the following amount, or so much thereof  
 31 36 as is necessary, to be used for the purpose designated:

31 37 For medical assistance program reimbursement and  
 31 38 associated costs as specifically provided in the reimbursement  
 31 39 methodologies in effect on June 30, 2016, except as otherwise  
 32 1 expressly authorized by law, consistent with options under  
 32 2 federal law and regulations, and contingent upon receipt of  
 32 3 approval from the office of the governor of reimbursement for  
 32 4 each abortion performed under the program:

32 5 ..... \$ 651,595,782  
 32 6 ..... 1,318,246,446

General Fund appropriation to the DHS for the [Medicaid Program](#).

DETAIL: This is a net decrease of \$66,945,118 compared to estimated net FY 2016. The changes include:

- An increase of \$88,500,000 to fund Medicaid at the Forecasting Group consensus estimate.
- An increase of \$9,000,000 due to an adjustment to the estimates for drug rebate savings.
- An increase of \$2,200,000 for a 1.00% provider rate increase for Community Based Providers.
- An increase of \$2,000,000 to increase the number of slots available for the Home and Community-Based Services (HCBS) waivers.
- An increase of \$1,000,000 to increase reimbursement rates for Home Health Providers.
- A decrease of \$1,000,000 to require the UI to provide matching funds for the Disproportionate Share Hospital (DSH) payment.
- A decrease of \$5,000,000 due to an adjustment to the way the Federal Medical Assistance Match (FMAP) is accounted.
- A decrease of \$7,228,408 to adjust projections to the DHS enrollment estimate.
- A decrease of \$10,000,000 due to a timing adjustment for the 2.0% incentive payment to the Managed Care Organizations (MCOs).
- A decrease of \$15,000,000 to account for a supplemental appropriation made in Division VIII this Act for FY 2016.
- A decrease of \$16,772,391 due to process improvement changes by the DHS.

- A decrease of \$18,144,319 to reallocate funds directly to the Independence and Cherokee Mental Health Institutes (MHIs).
- A decrease of \$29,500,000 to fund Medicaid at the Governor's recommended level.
- A decrease of \$67,000,000 to account for a supplemental appropriation made in [SF 2109](#) (FY 2016 Supplemental Appropriations Act).

32 7 1. Iowans support reducing the number of abortions  
32 8 performed in our state. Funds appropriated under this section  
32 9 shall not be used for abortions, unless otherwise authorized  
32 10 under this section.

Specifies conditions that permit the Medical Assistance Program to reimburse providers for abortion services.

32 11 2. The provisions of this section relating to abortions  
32 12 shall also apply to the Iowa health and wellness plan created  
32 13 pursuant to chapter 249N.

Specifies that the policy on abortion also applies to the Iowa Health and Wellness Program.

32 14 3. The department shall utilize not more than ~~\$30,000~~  
32 15 \$60,000 of the funds appropriated in this section to continue  
32 16 the AIDS/HIV health insurance premium payment program as  
32 17 established in 1992 Iowa Acts, Second Extraordinary Session,  
32 18 chapter 1001, section 409, subsection 6. Of the funds  
32 19 allocated in this subsection, not more than ~~\$2,500~~ \$5,000 may  
32 20 be expended for administrative purposes.

Requires the DHS to use a maximum of \$60,000 of the funds appropriated for Medical Assistance to continue the AIDS/HIV Health Insurance Premium Payment as established during the 1992 Second Extraordinary Session. Administrative costs are limited to \$5,000.

DETAIL: This is no change compared to the FY 2016 allocation.

32 21 4. Of the funds appropriated in this Act to the  
32 22 department of public health for addictive disorders,  
32 23 ~~\$475,000~~ \$950,000 for the fiscal year beginning July 1,  
32 24 2016, is transferred to the department of human services  
32 25 for an integrated substance-related disorder managed care  
32 26 system. The department shall not assume management of the  
32 27 substance-related disorder system in place of the managed care  
32 28 contractor unless such a change in approach is specifically  
32 29 authorized in law. The departments of human services and  
32 30 public health shall work together to maintain the level  
32 31 of mental health and substance-related disorder treatment  
32 32 services provided by the managed care contractor through the  
32 33 ~~Iowa plan for behavioral health contractors~~. Each department  
32 34 shall take the steps necessary to continue the federal waivers  
32 35 as necessary to maintain the level of services.

Requires that \$950,000 of the Addictive Disorders appropriation for Substance Abuse Grants to the DPH be transferred to the Medical Assistance Program in the DHS for continuation of the Managed Substance Abuse Treatment Program.

DETAIL: This is no change compared to the FY 2016 allocation. The Managed Substance Abuse Treatment Program was funded for the first time in FY 1996.

32 36 5. a. The department shall aggressively pursue options  
32 37 for providing medical assistance or other assistance to  
32 38 individuals with special needs who become ineligible to  
32 39 continue receiving services under the early and periodic  
33 1 screening, diagnostic, and treatment program under the  
33 2 medical assistance program due to becoming 21 years of age

Requires the DHS to aggressively pursue options for assisting special needs individuals that become ineligible for continued services under the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) Program as a result of turning 21 years of age. The individuals are to have been approved for additional assistance through the DHS exception to policy process but have health care needs exceeding

33 3 who have been approved for additional assistance through the  
 33 4 department's exception to policy provisions, but who have  
 33 5 health care needs in excess of the funding available through  
 33 6 the exception to policy provisions.

available funding. This section requires the Department to allocate \$100,000 to fund one or more pilot projects focused on providing care in the community.

DETAIL: This is no change compared to the FY 2016 allocation.

33 7 b. Of the funds appropriated in this section, ~~\$50,000~~  
 33 8 \$100,000 shall be used for participation in one or more  
 33 9 pilot projects operated by a private provider to allow the  
 33 10 individual or individuals to receive service in the community  
 33 11 in accordance with principles established in Olmstead v.  
 33 12 L.C., 527 U.S.581 (1999), for the purpose of providing  
 33 13 medical assistance or other assistance to individuals with  
 33 14 special needs who become ineligible to continue receiving  
 33 15 services under the early and periodic screening, diagnostic,  
 33 16 and treatment program under the medical assistance program  
 33 17 due to becoming 21 years of age who have been approved for  
 33 18 additional assistance through the department's exception to  
 33 19 policy provisions, but who have health care needs in excess  
 33 20 of the funding available through the exception to the policy  
 33 21 provisions.

33 22 6. Of the funds appropriated in this section, up to  
 33 23 ~~\$1,525,044~~ \$3,050,082 may be transferred to the field  
 33 24 operations or general administration appropriations in this  
 33 25 division of this Act for operational costs associated with  
 33 26 Part D of the federal Medicare Prescription Drug Improvement  
 33 27 and Modernization Act of 2003, Pub.L.No.108-173.

Permits the DHS to transfer up to \$3,050,082 to Field Operations or General Administration for implementation costs of the new Medicare Part D prescription drug benefit and low-income subsidy application processes.

DETAIL: This is no change compared to the FY 2016 allocation.

33 28 7. Of the funds appropriated in this section, up to  
 33 29 ~~\$224,050~~ \$442,100 may be transferred to the appropriation in  
 33 30 this division of this Act for medical contracts to be used  
 33 31 for clinical assessment services and prior authorization of  
 33 32 services.

Permits a maximum of \$442,100 of Medicaid funds to be transferred to clinical assessment services.

DETAIL: This is no change compared to the FY 2016 allocation.

33 33 8. A portion of the funds appropriated in this section  
 33 34 may be transferred to the appropriations in this division of  
 33 35 this Act for general administration, medical contracts, the  
 33 36 children's health insurance program, or field operations to  
 33 37 be used for the state match cost to comply with the payment  
 33 38 error rate measurement (PERM) program for both the medical  
 33 39 assistance and children's health insurance programs as  
 34 1 developed by the centers for Medicare and Medicaid services  
 34 2 of the United States department of health and human services  
 34 3 to comply with the federal Improper Payments Information Act  
 34 4 of 2002, Pub.L.No.107-300.

Permits the DHS to use a portion of the funds appropriated to carry out the Payment Error Rate Measurement (PERM) Program. This continues the DHS compliance with the federal Improper Payments Information Act of 2002.

DETAIL: The PERM program measures improper payments in Medicaid and Children's Health Insurance Program (CHIP) and produces error rates for each program. The error rates are based on reviews of the fee-for-service (FFS), managed care, and eligibility components of Medicaid and CHIP in the fiscal year (FY) under review. It is important to note the error rate is not a "fraud rate" but simply a measurement of payments made that did not meet statutory, regulatory or administrative requirements.

34 5 9. The department shall continue to implement the  
 34 6 recommendations of the assuring better child health and  
 34 7 development initiative II (ABCDII) clinical panel to the  
 34 8 Iowa early and periodic screening, diagnostic, and treatment  
 34 9 services healthy mental development collaborative board  
 34 10 regarding changes to billing procedures, codes, and eligible  
 34 11 service providers.

Requires the DHS continue to implement the recommendations of the Assuring Better Child Health and Development (ABCD II) Clinical Panel for changes to billing procedures, codes, and eligible service providers.

34 12 10. Of the funds appropriated in this section, a sufficient  
 34 13 amount is allocated to supplement the incomes of residents of  
 34 14 nursing facilities, intermediate care facilities for persons  
 34 15 with mental illness, and intermediate care facilities for  
 34 16 persons with an intellectual disability, with incomes of  
 34 17 less than \$50 in the amount necessary for the residents to  
 34 18 receive a personal needs allowance of \$50 per month pursuant  
 34 19 to section 249A.30A.

Requires the DHS to provide residents in nursing facilities (ICF/IDs and ICF/MIs) with a personal needs allowance of \$50 per month.

DETAIL: This is no change compared to the FY 2016 allowance.

34 20 ~~11. Of the funds appropriated in this section, the~~  
 34 21 ~~following amounts are transferred to the appropriations made~~  
 34 22 ~~in this division of this Act for the state mental health~~  
 34 23 ~~institutes:~~  
 34 24 ~~a. Cherokee mental health institute \$4,549,212~~  
 34 25 ~~b. Independence mental health institute \$4,522,947~~

Eliminates the transfer of Medicaid funds to the Mental Health Institutes (MHIs).

DETAIL: Funds will be appropriated directly to the MHIs at Cherokee and Independence. There is no overall change in funding to the two Institutions.

34 26 12. a. Of the funds appropriated in this section,  
 34 27 ~~\$2,041,939~~ \$3,000,000 is allocated for the state match for  
 34 28 a disproportionate share hospital payment of ~~\$4,544,712~~  
 34 29 \$6,861,848 to hospitals that meet both of the conditions  
 34 30 specified in subparagraphs (1) and (2). In addition, the  
 34 31 hospitals that meet the conditions specified shall either  
 34 32 certify public expenditures or transfer to the medical  
 34 33 assistance program an amount equal to provide the nonfederal  
 34 34 share for a disproportionate share hospital payment of  
 34 35 ~~\$8,772,003~~ \$19,771,582. The hospitals that meet the  
 34 36 conditions specified shall receive and retain 100 percent  
 34 37 of the total disproportionate share hospital payment of  
 34 38 ~~\$13,316,715~~ \$26,633,430.  
 34 39 (1) The hospital qualifies for disproportionate share and  
 35 1 graduate medical education payments.  
 35 2 (2) The hospital is an Iowa state-owned hospital with more  
 35 3 than 500 beds and eight or more distinct residency specialty  
 35 4 or subspecialty programs recognized by the American college  
 35 5 of graduate medical education.

Allocates \$3,000,000 of Medicaid funds for the state match for the Disproportionate Share Hospital (DSH) payment of \$6,861,848. In addition, the UIHC is to either use Certified Public Expenditures or transfer \$19,771,582 to the Medicaid Program to provide the nonfederal share of the DSH payment. The UIHC will retain 100.00% of the DSH payment of \$26,633,430.

35 6 b. Distribution of the disproportionate share payments  
 35 7 shall be made on a monthly basis. The total amount of  
 35 8 disproportionate share payments including graduate medical

Specifies that the DSH payments are to be distributed on a monthly basis and the DSH payments are not to exceed the federal limit.

35 9 education, enhanced disproportionate share, and Iowa  
 35 10 state-owned teaching hospital payments shall not exceed the  
 35 11 amount of the state's allotment under Pub.L.No.102-234.  
 35 12 In addition, the total amount of all disproportionate  
 35 13 share payments shall not exceed the hospital-specific  
 35 14 disproportionate share limits under Pub.L.No.103-66.

35 15 c. The university of Iowa hospitals and clinics shall  
 35 16 either certify public expenditures or transfer to the  
 35 17 appropriations made in this division of this Act for medical  
 35 18 assistance an amount equal to provide the nonfederal share  
 35 19 for increased medical assistance payments for inpatient and  
 35 20 outpatient hospital services of ~~\$4,950,000~~ \$9,900,000. The  
 35 21 university of Iowa hospitals and clinics shall receive and  
 35 22 retain 100 percent of the total increase in medical assistance  
 35 23 payments.

Requires the UIHC to use Certified Public Expenditures or transfer funds to the Medicaid Program to fund the nonfederal share for increased Medicaid payments for inpatient and outpatient services of \$9,900,000. The UIHC will retain 100.00% of the increased Medicaid payments.

35 24 d. Payment methodologies utilized for disproportionate  
 35 25 share hospitals and graduate medical education, and other  
 35 26 supplemental payments under the Medicaid program may be  
 35 27 adjusted or converted to other methodologies or payment types  
 35 28 to provide these payments ~~through Medicaid managed care~~ after  
 35 29 April 1, 2016. The department of human services shall obtain  
 35 30 approval from the centers for Medicare and Medicaid services  
 35 31 of the United States department of health and human services  
 35 32 prior to implementation of any such adjusted or converted  
 35 33 methodologies or payment types.

Specifies that methodologies used for DSH, Graduate Medical Education (GME), and other supplemental payments under the Medicaid Program may be adjusted or converted to other methodologies or payment types to provide these payments after the implementation of managed care.

35 34 13. One hundred percent of the nonfederal share of payments  
 35 35 to area education agencies that are medical assistance  
 35 36 providers for medical assistance-covered services provided to  
 35 37 medical assistance-covered children, shall be made from the  
 35 38 appropriation made in this section.

Allocates Medicaid funds to Area Education Agencies.

35 39 ~~—14.—Any new or renewed contract entered into by the~~  
 36 1 ~~department with a third party to administer services under the~~  
 36 2 ~~medical assistance program shall provide that any interest~~  
 36 3 ~~earned on payments from the state during the state fiscal year~~  
 36 4 ~~shall be remitted to the department and treated as recoveries~~  
 36 5 ~~to offset the costs of the medical assistance program.~~

Strikes language that requires any new or renewed third-party contract for behavioral health services to return to DHS the interest earned during the fiscal year on payments from the state.

36 6 15. A portion of the funds appropriated in this section  
 36 7 may be transferred to the appropriation in this division of  
 36 8 this Act for medical contracts to be used for administrative  
 36 9 activities associated with the money follows the person  
 36 10 demonstration project.

Specifies that a portion of the Medicaid funding may be transferred to Medical Contracts for administrative activities related to the Money Follows the Person Demonstration Project.

36 11 16. Of the funds appropriated in this section, ~~\$174,505~~

Allocates \$349,011 to the Health Insurance Premium Payment

36 12 \$349,011 shall be used for the administration of the health  
 36 13 insurance premium payment program, including salaries,  
 36 14 support, maintenance, and miscellaneous purposes.

Program.

DETAIL: This is no change compared to the FY 2016 allocation.

36 15 17. a. The department may increase the amounts allocated  
 36 16 for salaries, support, maintenance, and miscellaneous purposes  
 36 17 associated with the medical assistance program, as necessary,  
 36 18 to implement cost containment strategies. The department  
 36 19 shall report any such increase to the legislative services  
 36 20 agency and the department of management.

Permits the DHS to increase amounts allocated for staff to implement the cost containment strategies in this Division.

DETAIL: The Department is required to report any increase to the LSA and the DOM.

36 21 b. If the savings to the medical assistance program  
 36 22 from cost containment efforts exceed the cost for the  
 36 23 fiscal year beginning July 1, 2016, the department may  
 36 24 transfer any savings generated for the fiscal year due to  
 36 25 medical assistance program cost containment efforts to the  
 36 26 appropriation made in this division of this Act for medical  
 36 27 contracts or general administration to defray the increased  
 36 28 contract costs associated with implementing such efforts.

Permits the DHS to transfer funds to Medical Contracts or General Administration to hire additional staff to implement the cost containment strategies for FY 2017.

36 29 18. For the fiscal year beginning July 1, 2016, and  
 36 30 ending June 30, 2017, the replacement generation tax revenues  
 36 31 required to be deposited in the property tax relief fund  
 36 32 pursuant to section 437A.8, subsection 4, paragraph "d", and  
 36 33 section 437A.15, subsection 3, paragraph "f", shall instead  
 36 34 be credited to and supplement the appropriation made in this  
 36 35 section and used for the allocations made in this section.

Allocates approximately \$980,730 in funding from the replacement generation tax revenues to the Medicaid Program.

DETAIL: This is no change compared to the FY 2016 allocation.

36 36 ~~19. The department shall continue to administer the state~~  
 36 37 ~~balancing incentive payments program as specified in 2012 Iowa~~  
 36 38 ~~Acts, chapter 1133, section 14.~~

Eliminates the requirement for DHS to administer the State Balancing Incentive Payment Program (BIPP) as specified in SF 2336 (FY 2013 Health and Human Services Appropriations Act). The federal funding for this Program has expired.

36 39 20. a. Of the funds appropriated in this section, up  
 37 1 to ~~\$25,000~~ \$50,000 may be transferred by the department to  
 37 2 the appropriation made in this division of this Act to the  
 37 3 department for the same fiscal year for general administration  
 37 4 to be used for associated administrative expenses and for not  
 37 5 more than one full-time equivalent position, in addition to  
 37 6 those authorized for the same fiscal year, to be assigned to  
 37 7 implementing the children's mental health home project.

Allows the DHS to transfer up to \$50,000 to be used for administrative expenses related to the implementation of Children's Mental Health Homes.

DETAIL: This is no change compared to the FY 2016 allocation.

37 8 b. Of the funds appropriated in this section, up to  
 37 9 ~~\$200,000~~ \$400,000 may be transferred by the department to the  
 37 10 appropriation made to the department in this division of this  
 37 11 Act for the same fiscal year for Medicaid program-related  
 37 12 general administration planning and implementation activities.

Permits the DHS to transfer up to \$400,000 to be used for administrative support to implement Mental Health Redesign and the Balancing Incentive Payment Program (BIPP).

DETAIL: This is no change compared to the FY 2016 allocation.

37 13 The funds may be used for contracts or for personnel in  
 37 14 addition to the amounts appropriated for and the positions  
 37 15 authorized for general administration for the fiscal year.

37 16 c. Of the funds appropriated in this section, up to  
 37 17 ~~\$1,500,000~~ \$3,000,000 may be transferred by the department  
 37 18 to the appropriations made in this division of this Act  
 37 19 for the same fiscal year for general administration or  
 37 20 medical contracts to be used to support the development  
 37 21 and implementation of standardized assessment tools for  
 37 22 persons with mental illness, an intellectual disability, a  
 37 23 developmental disability, or a brain injury.

Permits the DHS to transfer up to \$3,000,000 to be used for the implementation of standardized assessment tools for persons with mental illness, intellectual disabilities, and developmental disabilities.

DETAIL: This is no change compared to the FY 2016 allocation.

37 24 21. Of the funds appropriated in this section, ~~\$125,000~~  
 37 25 \$250,000 shall be used for lodging expenses associated with  
 37 26 care provided at the university of Iowa hospitals and clinics  
 37 27 for patients with cancer whose travel distance is 30 miles  
 37 28 or more and whose income is at or below 200 percent of the  
 37 29 federal poverty level as defined by the most recently revised  
 37 30 poverty income guidelines published by the United States  
 37 31 department of health and human services. The department of  
 37 32 human services shall establish the maximum number of overnight  
 37 33 stays and the maximum rate reimbursed for overnight lodging,  
 37 34 which may be based on the state employee rate established  
 37 35 by the department of administrative services. The funds  
 37 36 allocated in this subsection shall not be used as nonfederal  
 37 37 share matching funds.

Allocates \$250,000 to the UIHC to be used for overnight lodging for IowaCare cancer patients who travel 30 miles or more to receive treatment.

DETAIL: This is no change compared to the FY 2016 allocation.

37 38 23. The department of human services shall not implement  
 37 39 the following cost containment strategies as recommended by  
 38 1 the governor for the fiscal year beginning July 1, 2016:  
 38 2 a. A policy to ensure that reimbursement for Medicare  
 38 3 Part A and Medicare Part B crossover claims is limited to the  
 38 4 Medicaid reimbursement rate.  
 38 5 b. An adjustment to the reimbursement policy in order  
 38 6 to end the primary care physician rate increase originally  
 38 7 authorized by the federal Health Care and Education  
 38 8 Reconciliation Act of 2010, section 1202, Pub.L. No.111-152,  
 38 9 42 U.S.C. §1396a(a)(13)(C) that allows qualified primary care  
 38 10 physicians to receive the greater of the Medicare rate or  
 38 11 Medicaid rate for a specified set of codes.

Prohibits the DHS from implementing the cost containment strategies that would realign Medicaid reimbursement for physicians with Medicare rates and measures related to dual eligible crossover claims.

VETOED: The Governor vetoed this paragraph and stated the DHS must have the tools and flexibility to manage the Medicaid Program, and the restriction on the management and oversight authority is inappropriate.

38 12 24. The department shall report the implementation of  
 38 13 any cost containment strategies to the individuals specified  
 38 14 in this division of this Act for submission of reports upon  
 38 15 implementation.

Requires the DHS to report on the implementation of the cost containment strategies.

VETOED: The Governor vetoed this section and stated the DHS, DOM and LSA meet on a monthly basis to determine projections for Medicaid. Information relating to cost containment strategies are shared

during these meetings and are also available within the state's accounting and budgeting system.

Requires the DHS to report on any process improvement changes implemented.

DETAIL: The Governor proposed \$16,772,391 in savings related to Medicaid process improvements, but no detail has been provided on how these savings will be achieved.

Allocates \$2,000,000 to reduce the Medicaid HCBS waiver waiting lists.

DETAIL: This is a new allocation for FY 2017. As of April 2016, there were 11,632 individuals on the HCBS waiting list. The additional funding will reduce the number of individuals on the list by approximately 1,400 individuals.

Requires the DHS to report regarding the impact of changes in supported employment and prevocational services. The report is due to the Chairpersons and Ranking Members of the Health and Human Services Appropriations Subcommittee, legislative caucus staff, and the LSA by December 15, 2016.

Requires all dental benefit managers contracting with the DHS under the Dental Wellness Program in FY 2017 to meet the same contract requirements. Specifies readiness reviews are to be based on the May 1, 2014, criteria. Any current dental benefits manager is not subject to a new readiness review.

Requires the DHS to review the benefit and impact of adding single tablet regimens or long-acting alternatives for the treatment of HIV or AIDS to the preferred drug list. The DHS is also required to pursue supplemental rebates from manufacturers and implement any rebates available beginning calendar year 2018.

38 16 25. The department shall report the implementation of any  
38 17 improved processing changes and any related cost reductions  
38 18 to the individuals specified in this division of this Act for  
38 19 submission of reports upon implementation.

38 20 26. Of the funds appropriated in this section, \$2,000,000  
38 21 shall be used to implement reductions in the waiting lists  
38 22 of all medical assistance home and community-based services  
38 23 waivers.

38 24 27. The department shall submit a report to the individuals  
38 25 identified in this Act for submission of reports, regarding  
38 26 the impact of changes in home and community-based services  
38 27 waiver supported employment and prevocational services by  
38 28 December 15, 2016.

38 29 28. Any dental benefit manager contracting with the  
38 30 department of human services for the dental wellness plan  
38 31 on or after July 1, 2016, shall meet the same contract  
38 32 requirements. Readiness review of such a dental benefit  
38 33 manager shall be based on the criteria applicable to the  
38 34 dental wellness plan when implemented on May 1, 2014,  
38 35 including but not limited to network adequacy, access to  
38 36 services, performance measures, benefit design, and other  
38 37 requirements as determined by the department for the dental  
38 38 wellness program. Any dental benefit manager that has been  
38 39 approved by a readiness review prior to July 1, 2016, shall  
39 1 not be required to repeat such review for the department.

39 2 29. The department of human services shall review the  
39 3 fiscal impact and potential benefit to Medicaid recipients of  
39 4 including single-tablet regimens or long-acting alternatives  
39 5 for the treatment of HIV or acquired immune deficiency  
39 6 syndrome on the preferred drug list, as an alternative  
39 7 to multi-tablet regimens. The department shall identify  
39 8 opportunities to align the cost of single-tablet regimens for  
39 9 the treatment of HIV or acquired immune deficiency syndrome



39 10 with the corresponding multi-tablet regimens, and shall pursue  
 39 11 manufacturer supplemental rebate offers through the sovereign  
 39 12 states drug consortium supplemental rebate negotiation process  
 39 13 to determine if any supplemental rebate opportunities are  
 39 14 available for calendar year 2018. If such opportunities  
 39 15 are available, the department shall implement any such  
 39 16 supplemental rebate offer opportunities beginning in calendar  
 39 17 year 2018.

39 18 Sec. 11. 2015 Iowa Acts, chapter 137, section 133, is  
 39 19 amended to read as follows:

39 20 SEC. 133. MEDICAL CONTRACTS. There is appropriated from  
 39 21 the general fund of the state to the department of human  
 39 22 services for the fiscal year beginning July 1, 2016, and  
 39 23 ending June 30, 2017, the following amount, or so much thereof  
 39 24 as is necessary, to be used for the purpose designated:  
 39 25 For medical contracts:  
 39 26 .....\$ 9,806,982  
 39 27 .....17,045,964

General Fund appropriation to Medical Contracts.

DETAIL: This is a decrease of \$2,568,000 compared to estimated net FY 2016. The changes include:

- An increase of \$702,176 to replace one-time funding from the Pharmaceutical Settlement Account.
- A decrease of \$1,268,000 due to a transfer of funds available from the Autism Support Program Fund to Medicaid Contracts.
- A decrease of \$2,002,176 due to savings related to the implementation of managed care.

39 28 1. The department of inspections and appeals shall  
 39 29 provide all state matching funds for survey and certification  
 39 30 activities performed by the department of inspections  
 39 31 and appeals. The department of human services is solely  
 39 32 responsible for distributing the federal matching funds for  
 39 33 such activities.

Requires the Department of Inspections and Appeals (DIA) to provide the state matching funds for survey and certification activities.

39 34 2. Of the funds appropriated in this section, ~~\$25,000~~  
 39 35 ~~\$50,000~~ shall be used for continuation of home and  
 39 36 community-based services waiver quality assurance programs,  
 39 37 including the review and streamlining of processes and  
 39 38 policies related to oversight and quality management to meet  
 39 39 state and federal requirements.

Allocates \$50,000 for an HCBS Waiver Quality Assurance Program to review and streamline processes and policies related to oversight.

DETAIL: This is no change compared to the FY 2016 allocation. The Program reviews policies related to oversight and quality management to meet state and federal requirements.

40 1 3. Of the amount appropriated in this section, up to  
 40 2 ~~\$100,000~~ ~~\$200,000~~ may be transferred to the appropriation  
 40 3 for general administration in this division of this Act  
 40 4 to be used for additional full-time equivalent positions  
 40 5 in the development of key health initiatives such as cost  
 40 6 containment, development and oversight of managed care  
 40 7 programs, and development of health strategies targeted toward  
 40 8 improved quality and reduced costs in the Medicaid program.

Permits up to \$200,000 to be transferred to the DHS General Administration to hire additional FTE positions to implement cost containment or managed care oversight initiatives.

DETAIL: This is no change compared to the FY 2016 allocation.

40 9 4. Of the funds appropriated in this section, \$500,000  
 40 10 ~~\$1,000,000~~ shall be used for planning and development,  
 40 11 in cooperation with the department of public health, of a  
 40 12 phased-in program to provide a dental home for children.

Allocates \$1,000,000 for the I-Smile Program.

DETAIL: This is no change compared to the FY 2016 allocation. The I-Smile Dental Home Initiative is a program that helps Iowa's children connect with dental services.

40 13 5. Of the funds appropriated in this section, ~~\$1,000,000~~  
 40 14 ~~\$2,000,000~~ shall be credited to the autism support program  
 40 15 fund created in section 225D.2 to be used for the autism  
 40 16 support program created in chapter 225D, with the exception of  
 40 17 the following amounts of this allocation which shall be used  
 40 18 as follows:

Allocates \$2,000,000 for an Autism Treatment Program.

DETAIL: This is no change compared to the estimated net FY 2016 allocation. This Program was new in FY 2014, and the funds are to be used to provide Applied Behavioral Analysis and other treatment for children that do not qualify for Medicaid or private insurance autism coverage.

40 19 a. Of the funds allocated in this subsection, ~~\$125,000~~  
 40 20 ~~\$250,000~~ shall be deposited in the board-certified behavior  
 40 21 analyst and board-certified assistant behavior analyst grants  
 40 22 program fund created in section 135.181, ~~as enacted in this~~  
 40 23 ~~Act~~, to be used for the purposes of the fund.

Allocates \$250,000 from the \$2,000,000 Autism allocation for a board-certified behavioral analyst and assistant grant program.

DETAIL: This is no change compared to the FY 2016 allocation.

40 24 b. Of the funds allocated in this subsection, ~~\$12,500~~  
 40 25 ~~\$25,000~~ shall be used for the public purpose of continuation  
 40 26 of a grant to a child welfare services provider headquartered  
 40 27 in a county with a population between 205,000 and 215,000 in  
 40 28 the latest certified federal census that provides multiple  
 40 29 services including but not limited to a psychiatric medical  
 40 30 institution for children, shelter, residential treatment,  
 40 31 after school programs, school-based programming, and an  
 40 32 Asperger's syndrome program, to be used for support services  
 40 33 for children with autism spectrum disorder and their families.

Allocates \$25,000 from the \$2,000,000 Autism allocation to Four Oaks for various autism spectrum disorder services.

DETAIL: This is no change compared to the FY 2016 allocation.

40 34 c. Of the funds allocated in this subsection, ~~\$12,500~~  
 40 35 ~~\$25,000~~ shall be used for the public purpose of continuing a  
 40 36 grant to a hospital-based provider headquartered in a county  
 40 37 with a population between 90,000 and 95,000 in the latest  
 40 38 certified federal census that provides multiple services  
 40 39 including but not limited to diagnostic, therapeutic, and  
 41 1 behavioral services to individuals with autism spectrum  
 41 2 disorder across one's lifespan. The grant recipient shall  
 41 3 utilize the funds to continue the pilot project to determine  
 41 4 the necessary support services for children with autism  
 41 5 spectrum disorder and their families to be included in the  
 41 6 children's disabilities services system. The grant recipient  
 41 7 shall submit findings and recommendations based upon the  
 41 8 results of the pilot project to the individuals specified  
 41 9 in this division of this Act for submission of reports by  
 41 10 December 31, ~~2015~~ 2016.

Allocates \$25,000 from the \$2,000,000 Autism allocation to a hospital-based provider in Dubuque County for support services for children with autism spectrum disorder and their families.

DETAIL: This is no change compared to the FY 2016 allocation.

41 11 Sec. 12. 2015 Iowa Acts, chapter 137, section 134, is  
41 12 amended to read as follows:

41 13 SEC. 134. STATE SUPPLEMENTARY ASSISTANCE.

41 14 1. There is appropriated from the general fund of the  
41 15 state to the department of human services for the fiscal  
41 16 year beginning July 1, 2016, and ending June 30, 2017, the  
41 17 following amount, or so much thereof as is necessary, to be  
41 18 used for the purpose designated:

41 19 For the state supplementary assistance program:

41 20	.....	\$	6,498,593
41 21			<u>11,611,442</u>

41 22 2. The department shall increase the personal needs  
41 23 allowance for residents of residential care facilities by the  
41 24 same percentage and at the same time as federal supplemental  
41 25 security income and federal social security benefits are  
41 26 increased due to a recognized increase in the cost of living.  
41 27 The department may adopt emergency rules to implement this  
41 28 subsection.

41 29 3. If during the fiscal year beginning July 1, 2016,  
41 30 the department projects that state supplementary assistance  
41 31 expenditures for a calendar year will not meet the federal  
41 32 pass-through requirement specified in Tit.XVI of the federal  
41 33 Social Security Act, section 1618, as codified in 42 U.S.C.  
41 34 §1382g, the department may take actions including but not  
41 35 limited to increasing the personal needs allowance for  
41 36 residential care facility residents and making programmatic  
41 37 adjustments or upward adjustments of the residential care  
41 38 facility or in-home health-related care reimbursement rates  
41 39 prescribed in this division of this Act to ensure that federal  
42 1 requirements are met. In addition, the department may make  
42 2 other programmatic and rate adjustments necessary to remain  
42 3 within the amount appropriated in this section while ensuring  
42 4 compliance with federal requirements. The department may  
42 5 adopt emergency rules to implement the provisions of this  
42 6 subsection.

42 7 Sec. 13. 2015 Iowa Acts, chapter 137, section 135, is  
42 8 amended to read as follows:

42 9 SEC. 135. CHILDREN'S HEALTH INSURANCE PROGRAM.

42 10 1. There is appropriated from the general fund of the  
42 11 state to the department of human services for the fiscal  
42 12 year beginning July 1, 2016, and ending June 30, 2017, the  
42 13 following amount, or so much thereof as is necessary, to be

General Fund appropriation to the DHS for [State Supplementary Assistance](#).

DETAIL: This is a net decrease of \$285,745 compared to estimated net FY 2016. The changes include:

- A decrease of \$1,385,745 due to lower caseloads.
- An increase of \$1,100,000 to replace a deappropriations in FY 2016.

Requires the DHS to increase the personal needs allowance of residential care facility residents at the same rate and time as federal Supplemental Security Income (SSI) and Social Security benefits are increased. Permits the DHS to adopt emergency rules for implementation.

Permits the DHS to adjust rates for State Supplementary Assistance to meet federal MOE requirements. Permits the DHS to adopt emergency rules for implementation.

General Fund appropriation to the DHS for the [Children's Health Insurance Program](#), also known as the hawk-i Program.

DETAIL: This is a net decrease of \$11,237,192 compared to estimated net FY 2016. The changes include:

42 14 used for the purpose designated:  
 42 15 For maintenance of the healthy and well kids in Iowa  
 42 16 (hawk-i) program pursuant to chapter 514I, including  
 42 17 supplemental dental services, for receipt of federal financial  
 42 18 participation under Tit.XXI of the federal Social Security  
 42 19 Act, which creates the children's health insurance program:  
 42 20 ..... \$ 10,206,922  
 42 21 ..... 9,176,652

- An increase of \$371,949 due to increased cost of services and program growth.
- A decrease of \$3,768,657 due to savings related to managed care.
- A decrease of \$7,840,484 due to a 23.00% FMAP increase provided under the federal Affordable Care Act (ACA) and a decrease in the regular federal FMAP rate.

42 22 2. Of the funds appropriated in this section, ~~\$21,400~~  
 42 23 \$42,800 is allocated for continuation of the contract for  
 42 24 outreach with the department of public health.

Allocates \$42,800 for the continuation of an outreach contract with the DPH.

DETAIL: This is no change compared to the FY 2016 allocation.

42 25 Sec. 14. 2015 Iowa Acts, chapter 137, section 136, is  
 42 26 amended to read as follows:

42 27 SEC. 136. CHILD CARE ASSISTANCE. There is appropriated  
 42 28 from the general fund of the state to the department of human  
 42 29 services for the fiscal year beginning July 1, 2016, and  
 42 30 ending June 30, 2017, the following amount, or so much thereof  
 42 31 as is necessary, to be used for the purpose designated:  
 42 32 For child care programs:  
 42 33 ..... \$ 25,704,334  
 42 34 ..... 36,389,561

General Fund appropriation to the DHS for [Child Care Assistance](#).

DETAIL: This is a net decrease of \$5,019,107 compared to estimated net FY 2016. The changes include:

- An increase of \$10,000,000 to replace a deappropriation in FY 2016.
- An increase of \$8,000,000 to implement federally mandated Child Care Development Block Grant changes.
- A decrease of \$1,380,284 to use the estimated surplus to cover the increased program costs.
- A decrease of \$6,619,716 to use more TANF funds to cover the increased program costs.
- A decrease of \$5,992,622 due to lower estimated child care expenditures.
- A decrease of \$3,826,485 to use federal carryforward from FY 2016 for FY 2017.
- A decrease of \$5,200,000 due to an increase in the TANF fund appropriation.

42 35 1. Of the funds appropriated in this section, ~~\$21,844,620~~  
 42 36 \$30,039,561 shall be used for state child care assistance in  
 42 37 accordance with section 237A.13.

Allocates \$30,039,561 for the Child Care Assistance Program.

DETAIL: This is a decrease of \$3,649,680 compared to the amended FY 2016 allocation for the reasons outlined above and due to using federal funds instead of General Fund dollars on the allocations below.

42 38 2. Nothing in this section shall be construed or is  
 42 39 intended as or shall imply a grant of entitlement for services  
 43 1 to persons who are eligible for assistance due to an income

Specifies that assistance from the Child Care Assistance Program is not an entitlement and the state's obligation to provide services is limited to the funds available.

43 2 level consistent with the waiting list requirements of  
 43 3 section 237A.13. Any state obligation to provide services  
 43 4 pursuant to this section is limited to the extent of the funds  
 43 5 appropriated in this section.

43 6 ~~3.—Of the funds appropriated in this section, \$216,226~~  
 43 7 ~~is allocated for the statewide grant program for child care~~  
 43 8 ~~resource and referral services under section 237A.26. A list~~  
 43 9 ~~of the registered and licensed child care facilities operating~~  
 43 10 ~~in the area served by a child care resource and referral~~  
 43 11 ~~service shall be made available to the families receiving~~  
 43 12 ~~state child care assistance in that area.~~

Eliminates the allocation for the statewide Child Care Resource and Referral Program. Requires a list of the registered and licensed child care facilities to be made available by Child Care Resource and Referral Programs to families receiving assistance under the Child Care Assistance Program.

DETAIL: This Program will now be funded using federal funds. There is no decrease to the General Fund appropriation due to this change.

43 13 ~~4.—Of the funds appropriated in this section, \$468,487~~  
 43 14 ~~is allocated for child care quality improvement initiatives~~  
 43 15 ~~including but not limited to the voluntary quality rating~~  
 43 16 ~~system in accordance with section 237A.30.~~

Eliminates the allocation for the Quality Rating System (QRS).

DETAIL: This will now be funded using federal funds. There is no decrease to the General Fund appropriation due to this change.

43 17 5. Of the funds appropriated in this section, ~~\$3,175,000~~  
 43 18 ~~\$6,350,000~~ shall be credited to the early childhood programs  
 43 19 grants account in the early childhood Iowa fund created  
 43 20 in section 256I.11. The moneys shall be distributed for  
 43 21 funding of community-based early childhood programs targeted  
 43 22 to children from birth through five years of age developed  
 43 23 by early childhood Iowa areas in accordance with approved  
 43 24 community plans as provided in section 256I.8.

Transfers \$6,350,000 to the Early Childhood Programs Grant Account in the Early Childhood Iowa Fund.

DETAIL: This is no change compared to the FY 2016 allocation.

43 25 6. The department may use any of the funds appropriated  
 43 26 in this section as a match to obtain federal funds for use  
 43 27 in expanding child care assistance and related programs.  
 43 28 For the purpose of expenditures of state and federal child  
 43 29 care funding, funds shall be considered obligated at the  
 43 30 time expenditures are projected or are allocated to the  
 43 31 department's service areas. Projections shall be based on  
 43 32 current and projected caseload growth, current and projected  
 43 33 provider rates, staffing requirements for eligibility  
 43 34 determination and management of program requirements  
 43 35 including data systems management, staffing requirements  
 43 36 for administration of the program, contractual and grant  
 43 37 obligations and any transfers to other state agencies, and  
 43 38 obligations for decategorization or innovation projects.

Permits funds appropriated for child care to be used as matching funds for federal grants. Specifies that funds are obligated when expenditures are projected or allocated to the DHS regions.

43 39 7. A portion of the state match for the federal child care  
 44 1 and development block grant shall be provided as necessary to  
 44 2 meet federal matching funds requirements through the state  
 44 3 general fund appropriation made for child development grants

Requires a portion of the state match for the federal Child Care and Development Block Grant to be provided from the state appropriation for child development grants and other programs for at-risk children as necessary to meet federal matching requirements.

44 4 and other programs for at-risk children in section 279.51.

44 5 8. If a uniform reduction ordered by the governor under  
 44 6 section 8.31 or other operation of law, transfer, or federal  
 44 7 funding reduction reduces the appropriation made in this  
 44 8 section for the fiscal year, the percentage reduction in the  
 44 9 amount paid out to or on behalf of the families participating  
 44 10 in the state child care assistance program shall be equal  
 44 11 to or less than the percentage reduction made for any other  
 44 12 purpose payable from the appropriation made in this section  
 44 13 and the federal funding relating to it. The percentage  
 44 14 reduction to the other allocations made in this section shall  
 44 15 be the same as the uniform reduction ordered by the governor  
 44 16 or the percentage change of the federal funding reduction, as  
 44 17 applicable. If there is an unanticipated increase in federal  
 44 18 funding provided for state child care assistance, the entire  
 44 19 amount of the increase shall be used for state child care  
 44 20 assistance payments. If the appropriations made for purposes  
 44 21 of the state child care assistance program for the fiscal year  
 44 22 are determined to be insufficient, it is the intent of the  
 44 23 general assembly to appropriate sufficient funding for the  
 44 24 fiscal year in order to avoid establishment of waiting list  
 44 25 requirements.

44 26 9. Notwithstanding section 8.33, moneys advanced for  
 44 27 purposes of the programs developed by early childhood Iowa  
 44 28 areas, advanced for purposes of wraparound child care, or  
 44 29 received from the federal appropriations made for the purposes  
 44 30 of this section that remain unencumbered or unobligated at  
 44 31 the close of the fiscal year shall not revert to any fund  
 44 32 but shall remain available for expenditure for the purposes  
 44 33 designated until the close of the succeeding fiscal year.

44 34 Sec. 15. 2015 Iowa Acts, chapter 137, section 137, is  
 44 35 amended to read as follows:

44 36 SEC. 137. JUVENILE INSTITUTION. There is appropriated  
 44 37 from the general fund of the state to the department of  
 44 38 human services for the fiscal year beginning July 1, 2016,  
 44 39 and ending June 30, 2017, the following amounts, or so  
 45 1 much thereof as is necessary, to be used for the purposes  
 45 2 designated:

45 3 1. For operation of the state training school at Eldora  
 45 4 and for salaries, support, maintenance, and miscellaneous  
 45 5 purposes, and for not more than the following full-time  
 45 6 equivalent positions:

45 7	..... \$	6,116,710
45 8		<u>12,233,420</u>

Requires the following, related to program operations:

- Apply any reductions to the child care assistance appropriation, either state or federal, in an equal percentage across all operating areas of the program before a reduction to service payments is made. The reduction for payable services must be equal or less than the reduction for other items.
- Requires any unanticipated increase in federal funding to be used only for the Child Care Assistance Subsidy Program.
- Specifies that it is the intent of the General Assembly to provide sufficient funding for the Program in FY 2017 to avoid the establishment of a waiting list.

Permits nonreversion of FY 2017 funds advanced for purposes of programs developed by Early Childhood Iowa areas or purposes of wraparound child care or received from federal appropriations for child care assistance.

General Fund appropriation to the [State Training School at Eldora](#).

DETAIL: This is no change in funding and an increase of 19.0 FTE positions compared to estimated net FY 2016. The new FTE positions will be funded through the new DHS Facilities appropriation of \$2,879,274 in this Act.

45 9 ..... FTEs 169.30  
 45 10 188.30

45 11 Of the funds appropriated in this subsection, ~~\$45,575~~  
 45 12 \$91,150 shall be used for distribution to licensed classroom  
 45 13 teachers at this and other institutions under the control  
 45 14 of the department of human services based upon the average  
 45 15 student yearly enrollment at each institution as determined  
 45 16 by the department.

General Fund allocation of \$91,150 for licensed classroom teachers in state institutions.

DETAIL: This is no change compared to the FY 2016 allocation.

45 17 2. A portion of the moneys appropriated in this section  
 45 18 shall be used by the state training school at Eldora for  
 45 19 grants for adolescent pregnancy prevention activities at the  
 45 20 institution in the fiscal year beginning July 1, 2016.

Requires a portion of the funds appropriated for the Eldora State Training School to be used for pregnancy prevention activities in FY 2017.

45 21 Sec. 16. 2015 Iowa Acts, chapter 137, section 138, is  
 45 22 amended to read as follows:

45 23 SEC. 138. CHILD AND FAMILY SERVICES.

General Fund appropriation for [Child and Family Services](#).

45 24 1. There is appropriated from the general fund of the  
 45 25 state to the department of human services for the fiscal  
 45 26 year beginning July 1, 2016, and ending June 30, 2017, the  
 45 27 following amount, or so much thereof as is necessary, to be  
 45 28 used for the purpose designated:

DETAIL: This is a net decrease of \$859,519 compared to estimated net FY 2016. Changes include:

45 29 For child and family services:  
 45 30 ..... \$ 42,670,969  
 45 31 84,482,419

- An increase of \$5,200,000 for Juvenile Court Service juvenile delinquent graduated sanction services. This amount was previously funded using TANF dollars.
- An increase of \$1,000,000 due to a transfer of FIP funds to the System of Care Program in Cerro Gordo and Linn counties.
- An decrease of \$2,423,232 to offset an increase in funds from the Social Services Block Grant.
- An increase of \$50,000 for a new Child Protection Center satellite office in Mason City.
- A decrease of \$208,189 due to the FMAP rate adjustment.
- A decrease of \$4,478,098 in General Fund dollars to be replaced with TANF funds.

45 32 ~~—2. Up to \$2,600,000 of the amount of federal temporary~~  
 45 33 ~~assistance for needy families block grant funding appropriated~~  
 45 34 ~~in this division of this Act for child and family services~~  
 45 35 ~~shall be made available for purposes of juvenile delinquent~~  
 45 36 ~~graduated sanction services.~~

Eliminates the allocation for juvenile delinquent graduated sanction services. Because it is no longer permissible to use TANF dollars for these services, TANF funds were replaced with General Fund dollars for this purpose.

45 37 3. The department may transfer funds appropriated in this  
 45 38 section as necessary to pay the nonfederal costs of services  
 45 39 reimbursed under the medical assistance program, state child  
 46 1 care assistance program, or the family investment program  
 46 2 which are provided to children who would otherwise receive  
 46 3 services paid under the appropriation in this section. The

Permits the Department to transfer funds appropriated for Child and Family Services to Medicaid, the FIP, General Administration, or Field Operations to pay for costs associated with child welfare services in these areas.

46 4 department may transfer funds appropriated in this section  
46 5 to the appropriations made in this division of this Act for  
46 6 general administration and for field operations for resources  
46 7 necessary to implement and operate the services funded in this  
46 8 section.

46 9 4. a. Of the funds appropriated in this section, up  
46 10 to ~~\$17,910,893~~ \$35,736,649 is allocated as the statewide  
46 11 expenditure target under section 232.143 for group foster care  
46 12 maintenance and services. If the department projects that  
46 13 such expenditures for the fiscal year will be less than the  
46 14 target amount allocated in this paragraph "a", the department  
46 15 may reallocate the excess to provide additional funding for  
46 16 shelter care or the child welfare emergency services addressed  
46 17 with the allocation for shelter care.

Allocates up to \$35,736,649 for group foster care services and maintenance costs. Permits reallocation of excess funds.

DETAIL: This a decrease of \$85,137 compared to the FY 2016 allocation. The decrease accounts for changes in the FMAP rate and Title IV-E eligibility.

46 18 b. If at any time after September 30, 2016, annualization  
46 19 of a service area's current expenditures indicates a service  
46 20 area is at risk of exceeding its group foster care expenditure  
46 21 target under section 232.143 by more than 5 percent, the  
46 22 department and juvenile court services shall examine all  
46 23 group foster care placements in that service area in order to  
46 24 identify those which might be appropriate for termination.  
46 25 In addition, any aftercare services believed to be needed  
46 26 for the children whose placements may be terminated shall  
46 27 be identified. The department and juvenile court services  
46 28 shall initiate action to set dispositional review hearings for  
46 29 the placements identified. In such a dispositional review  
46 30 hearing, the juvenile court shall determine whether needed  
46 31 aftercare services are available and whether termination of  
46 32 the placement is in the best interest of the child and the  
46 33 community.

Requires the group foster care expenditure target to be reviewed under certain conditions, and requires review hearings when appropriate.

46 34 5. In accordance with the provisions of section 232.188,  
46 35 the department shall continue the child welfare and juvenile  
46 36 justice funding initiative during fiscal year 2016-2017. Of  
46 37 the funds appropriated in this section, ~~\$858,876~~ \$1,717,753  
46 38 is allocated specifically for expenditure for fiscal year  
46 39 2016-2017 through the decategorization services funding pools  
47 1 and governance boards established pursuant to section 232.188.

Allocates \$1,717,753 for decategorization services.

DETAIL: This is no change compared to the FY 2016 allocation.

47 2 6. A portion of the funds appropriated in this section  
47 3 may be used for emergency family assistance to provide other  
47 4 resources required for a family participating in a family  
47 5 preservation or reunification project or successor project to  
47 6 stay together or to be reunified.

Permits a portion of the Child and Family Services appropriation to be used for emergency family assistance under specified conditions.

47 7 7. Notwithstanding section 234.35 or any other provision

Limits state funding for shelter care to \$8,096,158.



47 8 of law to the contrary, state funding for shelter care and  
 47 9 the child welfare emergency services contracting implemented  
 47 10 to provide for or prevent the need for shelter care shall be  
 47 11 limited to ~~\$4,034,237~~ \$8,096,158.

DETAIL: This is an increase of \$27,684 compared to the FY 2016 allocation.

47 12 8. Federal funds received by the state during the fiscal  
 47 13 year beginning July 1, 2016, as the result of the expenditure  
 47 14 of state funds appropriated during a previous state fiscal  
 47 15 year for a service or activity funded under this section  
 47 16 are appropriated to the department to be used as additional  
 47 17 funding for services and purposes provided for under this  
 47 18 section. Notwithstanding section 8.33, moneys received in  
 47 19 accordance with this subsection that remain unencumbered or  
 47 20 unobligated at the close of the fiscal year shall not revert  
 47 21 to any fund but shall remain available for the purposes  
 47 22 designated until the close of the succeeding fiscal year.

Requires federal funds received in FY 2017 for the expenditure of state funds in a previous year to be used for child welfare services. Allows nonreversion of funds through FY 2018.

47 23 9. a. Of the funds appropriated in this section, up to  
 47 24 ~~\$1,645,000~~ \$3,290,000 is allocated for the payment of the  
 47 25 expenses of court-ordered services provided to juveniles  
 47 26 who are under the supervision of juvenile court services,  
 47 27 which expenses are a charge upon the state pursuant to  
 47 28 section 232.141, subsection 4. Of the amount allocated in  
 47 29 this paragraph "a", up to ~~\$778,143~~ \$1,556,287 shall be made  
 47 30 available to provide school-based supervision of children  
 47 31 adjudicated under chapter 232, of which not more than ~~\$7,500~~  
 47 32 \$15,000 may be used for the purpose of training. A portion of  
 47 33 the cost of each school-based liaison officer shall be paid by  
 47 34 the school district or other funding source as approved by the  
 47 35 chief juvenile court officer.

Provides the following allocations related to court-ordered services for juveniles:

- Allocates up to \$3,290,000 for court-ordered services provided to children that are under the supervision of juvenile court services. Of this amount, allocates \$1,556,287 for school-based supervision of delinquent children, limits training funds to \$15,000, and requires a portion of the cost for school-based liaisons to be paid by school districts.
- Allocates \$748,985 for court-ordered services provided to children that are under the supervision of the DHS.

DETAIL: This is no change compared to the FY 2016 allocations.

47 36 b. Of the funds appropriated in this section, up to  
 47 37 ~~\$374,492~~ \$748,985 is allocated for the payment of the expenses  
 47 38 of court-ordered services provided to children who are under  
 47 39 the supervision of the department, which expenses are a charge  
 48 1 upon the state pursuant to section 232.141, subsection 4.

Requires allocations to the judicial districts, as determined by the Court Administrator, and to the DHS districts, as determined by the Division of Child and Family Services Administrator, by June 15, 2016.

48 2 c. Notwithstanding section 232.141 or any other provision  
 48 3 of law to the contrary, the amounts allocated in this  
 48 4 subsection shall be distributed to the judicial districts  
 48 5 as determined by the state court administrator and to the  
 48 6 department's service areas as determined by the administrator  
 48 7 of the department of human services' division of child and  
 48 8 family services. The state court administrator and the  
 48 9 division administrator shall make the determination of the  
 48 10 distribution amounts on or before June 15, 2016.

NOTE: This section is effective on enactment.

48 11 d. Notwithstanding chapter 232 or any other provision of  
 48 12 law to the contrary, a district or juvenile court shall not

Prohibits a court from ordering any service that is a charge to the state if there are insufficient funds to reimburse the service. Requires the

48 13 order any service which is a charge upon the state pursuant  
 48 14 to section 232.141 if there are insufficient court-ordered  
 48 15 services funds available in the district court or departmental  
 48 16 service area distribution amounts to pay for the service. The  
 48 17 chief juvenile court officer and the departmental service area  
 48 18 manager shall encourage use of the funds allocated in this  
 48 19 subsection such that there are sufficient funds to pay for  
 48 20 all court-related services during the entire year. The chief  
 48 21 juvenile court officers and departmental service area managers  
 48 22 shall attempt to anticipate potential surpluses and shortfalls  
 48 23 in the distribution amounts and shall cooperatively request  
 48 24 the state court administrator or division administrator to  
 48 25 transfer funds between the judicial districts' or departmental  
 48 26 service areas' distribution amounts as prudent.

Chief Juvenile Court Officer to use the funds in a manner that will cover the entire fiscal year, and permits funds to be transferred between districts.

48 27 e. Notwithstanding any provision of law to the contrary,  
 48 28 a district or juvenile court shall not order a county to pay  
 48 29 for any service provided to a juvenile pursuant to an order  
 48 30 entered under chapter 232 which is a charge upon the state  
 48 31 under section 232.141, subsection 4.

Prohibits a court from ordering a county to pay for a service provided to a juvenile that is chargeable to the state.

48 32 f. Of the funds allocated in this subsection, not more  
 48 33 than ~~\$41,500~~ \$83,000 may be used by the judicial branch for  
 48 34 administration of the requirements under this subsection.

Prohibits expenditure of more than \$83,000 of the funds appropriated in this section by the Judicial Branch for administration related to court-ordered services.

DETAIL: This is no change compared to the FY 2016 allocation.

48 35 g. Of the funds allocated in this subsection, ~~\$8,500~~  
 48 36 \$17,000 shall be used by the department of human services to  
 48 37 support the interstate commission for juveniles in accordance  
 48 38 with the interstate compact for juveniles as provided in  
 48 39 section 232.173.

Allocates \$17,000 of the funds allocated to the DHS to support the Interstate Commission for Juveniles in accordance with the Interstate Compact for Juveniles.

DETAIL: This is no change compared to the FY 2016 allocation.

49 1 10. Of the funds appropriated in this section, ~~\$4,026,613~~  
 49 2 \$13,253,227 is allocated for juvenile delinquent graduated  
 49 3 sanctions services. Any state funds saved as a result of  
 49 4 efforts by juvenile court services to earn a federal Tit.IV-E  
 49 5 match for juvenile court services administration may be used  
 49 6 for the juvenile delinquent graduated sanctions services.

Allocates \$13,253,227 for juvenile delinquent graduated sanctions services.

DETAIL: This is an increase of \$5,200,000 compared to the FY 2016 allocation. This \$5,200,000 was previously allocated through the federal TANF Block Grant funding appropriated for Child and Family Services. Any state funds saved as a result of increasing federal Title IV-E claims for juvenile court services, as indicated by the 2009 Public Works Efficiency Report, may be used for graduated sanctions services.

49 7 11. Of the funds appropriated in this section, ~~\$804,142~~  
 49 8 \$1,658,285 is transferred to the department of public health

Requires \$1,658,285 to be transferred to the DPH for the Child Protection Center (CPC) Grant Program.

49 9 to be used for the child protection center grant program for  
 49 10 child protection centers located in Iowa in accordance with  
 49 11 section 135.118. The grant amounts under the program shall be  
 49 12 equalized so that each center receives a uniform base amount  
 49 13 of ~~\$122,500~~ \$245,000, so that \$50,000 is awarded to establish  
 49 14 a satellite child protection center in a city in north central  
 49 15 Iowa that is the county seat of a county with a population  
 49 16 between 44,000 and 45,000 according to the 2010 federal  
 49 17 decennial census, and so that the remaining funds ~~shall be~~ are  
 49 18 awarded through a funding formula based upon the volume of  
 49 19 children served.

DETAIL: This is an increase of \$50,000 compared to the FY 2016 allocation. The increase is to establish a satellite Child Protection Center in Mason City, Iowa.

49 20 12. If the department receives federal approval to  
 49 21 implement a waiver under Tit.IV-E of the federal Social  
 49 22 Security Act to enable providers to serve children who remain  
 49 23 in the children's families and communities, for purposes of  
 49 24 eligibility under the medical assistance program through 25  
 49 25 years of age, children who participate in the waiver shall be  
 49 26 considered to be placed in foster care.

Requires children that receive in-home or community-based services under a federal Title IV-E waiver to be considered placed in foster care to remain eligible for Medicaid, if the DHS receives federal approval to implement the waiver.

49 27 13. Of the funds appropriated in this section, ~~\$2,012,583~~  
 49 28 \$4,025,167 is allocated for the preparation for adult living  
 49 29 program pursuant to section 234.46.

Allocates \$4,025,167 for the Preparation for Adult Living (PALs) Program.

DETAIL: This is no change compared to the FY 2016 allocation.

49 30 14. Of the funds appropriated in this section, ~~\$113,668~~  
 49 31 \$227,337 shall be used for the public purpose of continuing  
 49 32 a grant to a nonprofit human services organization providing  
 49 33 services to individuals and families in multiple locations in  
 49 34 southwest Iowa and Nebraska for support of a project providing  
 49 35 immediate, sensitive support and forensic interviews, medical  
 49 36 exams, needs assessments, and referrals for victims of child  
 49 37 abuse and their nonoffending family members.

Allocates \$227,337 for Project Harmony for support of victims of child abuse and the nonoffending family members.

DETAIL: This is no change compared to the FY 2016 allocation.

49 38 15. Of the funds appropriated in this section, ~~\$150,310~~  
 49 39 \$300,620 is allocated for the foster care youth council  
 50 1 approach of providing a support network to children placed in  
 50 2 foster care.

Allocates \$300,620 to provide support for foster care youth councils.

DETAIL: This is no change compared to the FY 2016 allocation.

50 3 16. Of the funds appropriated in this section, ~~\$101,000~~  
 50 4 \$202,000 is allocated for use pursuant to section 235A.1 for  
 50 5 continuation of the initiative to address child sexual abuse  
 50 6 implemented pursuant to 2007 Iowa Acts, chapter 218, section  
 50 7 18, subsection 21.

Allocates \$202,000 for an initiative to address child sexual abuse.

DETAIL: This is no change compared to the FY 2016 allocation.

50 8 17. Of the funds appropriated in this section, ~~\$315,120~~  
 50 9 \$630,240 is allocated for the community partnership for child  
 50 10 protection sites.

Allocates \$630,240 for the child welfare Community Partnerships for Child Protection sites. Community Partnerships for Protecting Children (CPPC) is a community-based approach to child protection.

Partnerships work to prevent child abuse, neglect, re-abuse, safely decrease the number of out-of-home placements, and promote timely reunification when children are placed in foster care.

DETAIL: This is no change compared to the FY 2016 allocation.

50 11 18. Of the funds appropriated in this section, ~~\$185,625~~  
50 12 \$371,250 is allocated for the department's minority youth  
50 13 and family projects under the redesign of the child welfare  
50 14 system.

Allocates \$371,250 for minority youth and family projects included in the child welfare redesign.

DETAIL: This is no change compared to the FY 2016 allocation.

50 15 19. Of the funds appropriated in this section, ~~\$593,297~~  
50 16 \$1,186,595 is allocated for funding of the community circle of  
50 17 care collaboration for children and youth in northeast Iowa.

Allocates \$1,186,595 for the Circle of Care Grant in northeast Iowa.

DETAIL: This is no change compared to the FY 2016 allocation. The Circle of Care Program is a regional System of Care Program that coordinates community-based services and supports to address the needs of children and youth with severe behavioral or mental health conditions.

50 18 20. Of the funds appropriated in this section, at least  
50 19 ~~\$73,579~~ \$147,158 shall be used for the continuation of the  
50 20 child welfare provider training academy, a collaboration  
50 21 between the coalition for family and children's services in  
50 22 Iowa and the department.

Allocates \$147,158 for the child welfare provider online training academy.

DETAIL: This is no change compared to the FY 2016 allocation.

50 23 21. Of the funds appropriated in this section, ~~\$105,936~~  
50 24 \$211,872 shall be used for continuation of the central Iowa  
50 25 system of care program grant through June 30, 2017.

Allocates \$211,872 for continuation of a System of Care Program in Polk County.

DETAIL: This is no change compared to the FY 2016 allocation.

50 26 22. Of the funds appropriated in this section, ~~\$117,500~~  
50 27 \$235,000 shall be used for the public purpose of the  
50 28 continuation and expansion of a system of care program grant  
50 29 implemented in Cerro Gordo and Linn counties to utilize a  
50 30 comprehensive and long-term approach for helping children  
50 31 and families by addressing the key areas in a child's life  
50 32 of childhood basic needs, education and work, family, and  
50 33 community.

Allocates \$235,000 for continuation and expansion of a System of Care Program in Cerro Gordo and Linn counties at Four Oaks.

DETAIL: This is no change compared to the FY 2016 allocation.

50 34 23. Of the funds appropriated in this section, at least  
50 35 ~~\$12,500~~ \$25,000 shall be used to continue and to expand the  
50 36 foster care respite pilot program in which postsecondary  
50 37 students in social work and other human services-related  
50 38 programs receive experience by assisting family foster care  
50 39 providers with respite and other support.

Allocates at least \$25,000 to continue and expand to additional counties the Foster Care Respite Pilot Program at Wartburg College for students in social work and other human service-related programs.

DETAIL: This is no change compared to the FY 2016 allocation.

51 1 24. Of the funds appropriated in this section, ~~\$55,000~~  
 51 2 ~~\$110,000~~ shall be used for the public purpose of funding  
 51 3 community-based services and other supports with a system  
 51 4 of care approach for children with a serious emotional  
 51 5 disturbance and their families through a nonprofit provider  
 51 6 of child welfare services that has been in existence for more  
 51 7 than 115 years, is located in a county with a population of  
 51 8 more than 200,000 but less than 220,000 according to the  
 51 9 latest census information issued by the United States census  
 51 10 bureau, is licensed as a psychiatric medical institution for  
 51 11 children, and was a system of care grantee prior to July 1,  
 51 12 2016.

Allocates \$110,000 for Tanager Place Home Health.

DETAIL: This is no change compared to the FY 2016 allocation.

51 13 Sec. 17. 2015 Iowa Acts, chapter 137, section 139, is  
 51 14 amended to read as follows:

51 15 SEC. 139. ADOPTION SUBSIDY.

General Fund appropriation to the Adoption Subsidy Program.

51 16 1. There is appropriated from the general fund of the  
 51 17 state to the department of human services for the fiscal  
 51 18 year beginning July 1, 2016, and ending June 30, 2017, the  
 51 19 following amount, or so much thereof as is necessary, to be  
 51 20 used for the purpose designated:

DETAIL: This is a net increase of \$48,378 compared to estimated net FY 2016. The changes include the following:

51 21 a. For adoption subsidy payments and services:  
 51 22 ..... \$ 21,499,143  
 51 23 ..... 43,046,664

- A decrease of \$706,974 to account for changes in the Iowa FMAP rate and Title IV-E eligibility.
- An increase of \$630,352 to fund caseload growth.
- An increase of \$125,000 due to a federal mandate requiring state savings realized through Title IV-E funds and increased eligibility to be spent on child welfare services.

51 24 b. (1) The funds appropriated in this section shall be  
 51 25 used as authorized or allowed by federal law or regulation for  
 51 26 any of the following purposes:

Directs the Department of Human Services to use the funds appropriated to the Adoption Subsidy Program for adoption subsidy payments and post-adoption services as allowed under Title IV-B and Title IV-E of the federal Social Security Act. The DHS may also transfer funds, specifically those funds from federal Title IV-E savings, to the Child and Family Services General Fund appropriation for post-adoption services. A federal mandate regarding the use of federal Title IV-E funds requires savings to be used for child welfare services.

51 27 (a) For adoption subsidy payments and related costs.  
 51 28 (b) For post-adoption services and for other purposes  
 51 29 under Tit.IV-B or Tit.IV-E of the federal Social Security  
 51 30 Act.  
 51 31 (2) The department of human services may transfer funds  
 51 32 appropriated in this subsection to the appropriation for  
 51 33 child and family services in this Act for the purposes of  
 51 34 post-adoption services as specified in this paragraph "b".

Permits the DHS to transfer funds to the General Administration appropriation for costs relating to the Program.

51 35 2. The department may transfer funds appropriated in  
 51 36 this section to the appropriation made in this division of  
 51 37 this Act for general administration for costs paid from the  
 51 38 appropriation relating to adoption subsidy.

Requires federal funds received in FY 2016 for the expenditure of state funds in a previous fiscal year to be used for adoption subsidies.  
 Permits nonreversion of federal funds in this Subsection until the close

51 39 3. Federal funds received by the state during the fiscal  
 52 1 year beginning July 1, 2016, as the result of the expenditure  
 52 2 of state funds during a previous state fiscal year for a

of FY 2017.

52 3 service or activity funded under this section are appropriated  
 52 4 to the department to be used as additional funding for  
 52 5 the services and activities funded under this section.  
 52 6 Notwithstanding section 8.33, moneys received in accordance  
 52 7 with this subsection that remain unencumbered or unobligated  
 52 8 at the close of the fiscal year shall not revert to any fund  
 52 9 but shall remain available for expenditure for the purposes  
 52 10 designated until the close of the succeeding fiscal year.

52 11 Sec. 18. 2015 Iowa Acts, chapter 137, section 141, is  
 52 12 amended to read as follows:

General Fund appropriation for the [Family Support Program](#).

DETAIL: This is a net decrease of \$4,650 compared to estimated net FY 2016. The changes include:

52 13 SEC. 141. FAMILY SUPPORT SUBSIDY PROGRAM.  
 52 14 1. There is appropriated from the general fund of the  
 52 15 state to the department of human services for the fiscal  
 52 16 year beginning July 1, 2016, and ending June 30, 2017, the  
 52 17 following amount, or so much thereof as is necessary, to be  
 52 18 used for the purpose designated:  
 52 19 For the family support subsidy program subject to the  
 52 20 enrollment restrictions in section 225C.37, subsection 3:  
 52 21 ..... \$ 536,966  
 52 22 ..... 1,069,282

- A decrease of \$85,650 due to a reduction in expenses as a result of children aging out of the program.
- An increase of \$81,000 to expand the Children-at-Home Program to new service areas.

Requires an allocation of \$727,500 from the Family Support Subsidy appropriation to continue the Family Support Center component of the Children-at-Home Program in current counties. Permits the DHS to transfer the appropriated funds to the DPH to make funding available statewide. The DPH has existing statewide coordinated intake through the Division of Health Promotion for family support services. Administrative funding is limited to \$25,000.

52 23 2.—~~The department shall use at least \$320,750~~ \$727,500  
 52 24 ~~of the moneys appropriated in this section is transferred~~  
 52 25 ~~to the department of public health~~ for the family support  
 52 26 center component of the comprehensive family support program  
 52 27 under section 225C.47 chapter 225C, subchapter V. Not more  
 52 28 ~~than \$12,500 of the amount allocated in this subsection shall~~  
 52 29 ~~be used for administrative costs. The department of human~~  
 52 30 ~~services shall submit a report to the individuals identified~~  
 52 31 ~~in this Act for submission of reports by December 15, 2016.~~  
 52 32 regarding the outcomes of the program and recommendations for  
 52 33 future program improvement.

Requires the Department to reduce funding to participants in the Family Support Subsidy Program if available funds are less than anticipated.

52 34 3. If at any time during the fiscal year, the amount of  
 52 35 funding available for the family support subsidy program  
 52 36 is reduced from the amount initially used to establish the  
 52 37 figure for the number of family members for whom a subsidy  
 52 38 is to be provided at any one time during the fiscal year,  
 52 39 notwithstanding section 225C.38, subsection 2, the department  
 53 1 shall revise the figure as necessary to conform to the amount  
 53 2 of funding available.

53 3 Sec. 19. 2015 Iowa Acts, chapter 137, section 142, is  
 53 4 amended to read as follows:

General Fund appropriation to the DHS for [Conner Decree](#) training

53 5 SEC. 142. CONNER DECREE. There is appropriated from the

53 6 general fund of the state to the department of human services  
 53 7 for the fiscal year beginning July 1, 2016, and ending June  
 53 8 30, 2017, the following amount, or so much thereof as is  
 53 9 necessary, to be used for the purpose designated:  
 53 10 For building community capacity through the coordination  
 53 11 and provision of training opportunities in accordance with the  
 53 12 consent decree of Conner v.Branstad, No.4-86-CV-30871(S.D.  
 53 13 Iowa, July 14, 1994):  
 53 14 ..... \$ 46,816  
 53 15 ..... 33,632

requirements.

DETAIL: This is no change compared to estimated net FY 2016. The funds are used for training purposes to comply with the [Conner v. Branstad](#) court decision mandating placement of persons in the least restrictive setting.

53 16 Sec. 20. 2015 Iowa Acts, chapter 137, section 143, is  
 53 17 amended to read as follows:

Strikes language that prohibits transfer of funds between the MHIs.

53 18 SEC. 143. MENTAL HEALTH INSTITUTES. There is appropriated  
 53 19 from the general fund of the state to the department of  
 53 20 human services for the fiscal year beginning July 1, 2016,  
 53 21 and ending June 30, 2017, the following amounts, or so  
 53 22 much thereof as is necessary, to be used for the purposes  
 53 23 designated ~~which amounts shall not be transferred or~~  
 53 24 ~~expended for any purpose other than the purposes designated,~~  
 53 25 ~~notwithstanding section 218.6 to the contrary:~~

General Fund appropriation to the [MHI at Cherokee](#).

53 26 1. For operation of the state mental health institute at  
 53 27 Cherokee as required by chapters 218 and 226 for salaries,  
 53 28 support, maintenance, and miscellaneous purposes, and for not  
 53 29 more than the following full-time equivalent positions:  
 53 30 ..... \$ 2,772,808  
 53 31 ..... 14,644,041  
 53 32 ..... FTEs 169.20

DETAIL: This is an increase of \$9,098,425 and no change in FTE positions compared to estimated net FY 2016 to reallocate dollars previously transferred from Medicaid directly to the MHI.

53 33 2. For operation of the state mental health institute at  
 53 34 Independence as required by chapters 218 and 226 for salaries,  
 53 35 support, maintenance, and miscellaneous purposes, and for not  
 53 36 more than the following full-time equivalent positions:  
 53 37 ..... \$ 5,162,104  
 53 38 ..... 18,552,103  
 53 39 ..... FTEs 233.00

General Fund appropriation to the [MHI at Independence](#).

DETAIL: This is a net increase of \$8,227,894 and no change in FTE positions compared to estimated net FY 2016. The changes include:

- An increase of \$9,045,894 to reallocate dollars previously transferred from Medicaid directly to the MHI.
- A decrease of \$818,000 due to an unneeded services adjustment.

54 1 Sec. 21. 2015 Iowa Acts, chapter 137, section 144, is  
 54 2 amended to read as follows:  
 54 3 SEC. 144. STATE RESOURCE CENTERS.  
 54 4 1. There is appropriated from the general fund of the  
 54 5 state to the department of human services for the fiscal  
 54 6 year beginning July 1, 2016, and ending June 30, 2017, the

54 7 following amounts, or so much thereof as is necessary, to be  
54 8 used for the purposes designated:

54 9 a. For the state resource center at Glenwood for salaries,  
54 10 support, maintenance, and miscellaneous purposes:  
54 11 ..... \$ 10,762,241  
54 12 ..... 20,719,486

General Fund appropriation to the [State Resource Center at Glenwood](#).

DETAIL: This is a decrease of \$804,996 compared to estimated net FY 2016 due to an adjustment in the FMAP rate.

54 13 b. For the state resource center at Woodward for salaries,  
54 14 support, maintenance, and miscellaneous purposes:  
54 15 ..... \$ 7,291,903  
54 16 ..... 14,053,011

General Fund appropriation to the [State Resource Center at Woodward](#).

DETAIL: This is a decrease of \$530,795 compared to estimated net FY 2016 due to an adjustment in the FMAP rate.

54 17 2. The department may continue to bill for state resource  
54 18 center services utilizing a scope of services approach used  
54 19 for private providers of intermediate care facilities for  
54 20 persons with an intellectual disability services, in a manner  
54 21 which does not shift costs between the medical assistance  
54 22 program, counties, or other sources of funding for the state  
54 23 resource centers.

Permits the DHS to continue billing practices that do not include cost shifting.

54 24 3. The state resource centers may expand the time-limited  
54 25 assessment and respite services during the fiscal year.

Permits the State Resource Centers to expand time-limited assessment and respite services.

DETAIL: Time-limited assessments include analysis of patient conditions and development of therapy plans to assist families in caring for individuals with intellectual disabilities or developmental disabilities. Respite services provide care for special needs individuals for a limited duration to provide families with a temporary reprieve from caretaking responsibilities.

54 26 4. If the department's administration and the department  
54 27 of management concur with a finding by a state resource  
54 28 center's superintendent that projected revenues can reasonably  
54 29 be expected to pay the salary and support costs for a new  
54 30 employee position, or that such costs for adding a particular  
54 31 number of new positions for the fiscal year would be less than  
54 32 the overtime costs if new positions would not be added, the  
54 33 superintendent may add the new position or positions. If the  
54 34 vacant positions available to a resource center do not include  
54 35 the position classification desired to be filled, the state  
54 36 resource center's superintendent may reclassify any vacant  
54 37 position as necessary to fill the desired position. The  
54 38 superintendents of the state resource centers may, by mutual

Specifies that FTE positions may be added at the two State Resource Centers if projected revenues are sufficient to pay the salary and support costs of the additional positions and if approved by the Department of Management.



54 39 agreement, pool vacant positions and position classifications  
 55 1 during the course of the fiscal year in order to assist one  
 55 2 another in filling necessary positions.

55 3 5. If existing capacity limitations are reached in  
 55 4 operating units, a waiting list is in effect for a service or  
 55 5 a special need for which a payment source or other funding  
 55 6 is available for the service or to address the special need,  
 55 7 and facilities for the service or to address the special need  
 55 8 can be provided within the available payment source or other  
 55 9 funding, the superintendent of a state resource center may  
 55 10 authorize opening not more than two units or other facilities  
 55 11 and begin implementing the service or addressing the special  
 55 12 need during fiscal year 2016-2017.

Permits a State Resource Center to open certain facilities if a service waiting list exists and funding is available.

55 13 Sec. 22. 2015 Iowa Acts, chapter 137, section 145, is  
 55 14 amended to read as follows:

55 15 SEC. 145. SEXUALLY VIOLENT PREDATORS.

General Fund appropriation to the DHS for the [Sexual Predator Commitment Program](#).

55 16 1. There is appropriated from the general fund of the  
 55 17 state to the department of human services for the fiscal  
 55 18 year beginning July 1, 2016, and ending June 30, 2017, the  
 55 19 following amount, or so much thereof as is necessary, to be  
 55 20 used for the purpose designated:

DETAIL: This is an increase of \$300,000 and no change in FTE positions compared to estimated net FY 2016 due to additional treatment services for offenders.

55 21 For costs associated with the commitment and treatment of  
 55 22 sexually violent predators in the unit located at the state  
 55 23 mental health institute at Cherokee, including costs of legal  
 55 24 services and other associated costs, including salaries,  
 55 25 support, maintenance, and miscellaneous purposes, and for not  
 55 26 more than the following full-time equivalent positions:

55 27	..... \$	4,946,539
55 28		<u>10,193,079</u>
55 29	..... FTEs	132.50

55 30 2. Unless specifically prohibited by law, if the amount  
 55 31 charged provides for recoupment of at least the entire amount  
 55 32 of direct and indirect costs, the department of human services  
 55 33 may contract with other states to provide care and treatment  
 55 34 of persons placed by the other states at the unit for sexually  
 55 35 violent predators at Cherokee. The moneys received under  
 55 36 such a contract shall be considered to be repayment receipts  
 55 37 and used for the purposes of the appropriation made in this  
 55 38 section.

Allows the DHS to contract with other states to provide treatment services at the Civil Commitment Unit for Sexual Offenders (CCUSO) unit.

55 39 Sec. 23. 2015 Iowa Acts, chapter 137, section 146, is  
 56 1 amended to read as follows:

56 2 SEC. 146. FIELD OPERATIONS. There is appropriated from the

General Fund appropriation to the DHS for [Field Operations](#) staff and

56 3 general fund of the state to the department of human services  
 56 4 for the fiscal year beginning July 1, 2016, and ending June  
 56 5 30, 2017, the following amount, or so much thereof as is  
 56 6 necessary, to be used for the purposes designated:  
 56 7 For field operations, including salaries, support,  
 56 8 maintenance, and miscellaneous purposes, and for not more than  
 56 9 the following full-time equivalent positions:

56 10	.....	\$	29,460,488
56 11	.....		54,442,877
56 12	..... FTEs		1,837.00

support.

DETAIL: This is a decrease of \$4,478,099 and an increase of 216.00 FTE positions compared to estimated net FY 2016. The General Fund changes include:

- A decrease of \$4,478,099 in General Fund dollars to be replaced with TANF funds.
- An increase of 216.00 FTE positions to maintain the level the General Assembly appropriated for FY 2016.

56 13 2. Priority in filling full-time equivalent positions  
 56 14 shall be given to those positions related to child protection  
 56 15 services and eligibility determination for low-income  
 56 16 families.

Requires priority to be given to filling positions related to child protection services and eligibility determination for low-income families.

56 17 Sec. 24. 2015 Iowa Acts, chapter 137, section 147, is  
 56 18 amended to read as follows:

General Fund appropriation for [General Administration](#).

56 19 SEC. 147. GENERAL ADMINISTRATION. There is appropriated  
 56 20 from the general fund of the state to the department of human  
 56 21 services for the fiscal year beginning July 1, 2016, and  
 56 22 ending June 30, 2017, the following amount, or so much thereof  
 56 23 as is necessary, to be used for the purpose designated:  
 56 24 For general administration, including salaries, support,  
 56 25 maintenance, and miscellaneous purposes, and for not more than  
 56 26 the following full-time equivalent positions:

56 27	.....	\$	7,449,099
56 28	.....		15,673,198
56 29	..... FTEs		309.00

DETAIL: This is a net increase of \$775,000 and 16.06 FTE positions compared to FY 2016. The changes include:

- A decrease of \$25,000 due to the repeal of the Prevention of Disabilities Policy Council.
- An increase of \$200,000 for the College of Direct Support.
- An increase of \$300,000 to implement the recommendations of the Children's Mental Health and Well Being Workgroup.
- An increase of \$300,000 to support the AmeriCorps RefugeeRISE Program. Funds will be transferred from the DHS to the Iowa Economic Development Authority's Commission on Volunteer Service.
- An increase of 16.06 FTE positions to restore to the authorized FY 2016 level.

56 30 2. Of the funds appropriated in this section, ~~\$75,000~~  
 56 31 \$150,000 shall be used to continue the contract for the  
 56 32 provision of a program to provide technical assistance,  
 56 33 support, and consultation to providers of habilitation  
 56 34 services and home and community-based services waiver services  
 56 35 for adults with disabilities under the medical assistance  
 56 36 program.

Allocates \$150,000 to continue the existing contract for technical assistance for providers of habilitation services under the Home and Community-Based Services (HCBS) Waiver Program.

DETAIL: This is no change compared to the FY 2016 allocation.

56 37 3. Of the funds appropriated in this section, ~~\$25,000~~  
 56 38 \$50,000 is transferred to the Iowa finance authority to be  
 56 39 used for administrative support of the council on homelessness

Transfers \$50,000 to the Iowa Finance Authority (IFA) to be used for support of the Council on Homelessness.

57 1 established in section 16.2D and for the council to fulfill  
57 2 its duties in addressing and reducing homelessness in the  
57 3 state.

DETAIL: This is no change compared to the FY 2016 allocation.

57 4 4. Of the funds appropriated in this section, ~~\$125,000~~  
57 5 ~~\$250,000~~ shall be transferred to and deposited in the  
57 6 administrative fund of the Iowa ABLE savings plan trust  
57 7 created in section 121.4, ~~if enacted in this or any other Act,~~  
57 8 to be used for implementation and administration activities of  
57 9 the Iowa ABLE savings plan trust.

Transfers \$250,000 to the Treasurer of State to implement the Achieving a Better Life Experience (ABLE) Trust Act.

DETAIL: This is no change compared to the FY 2016 allocation. The ABLE Trusts makes tax-free savings accounts available to individuals with disabilities to cover qualified expenses such as education, housing, and transportation.

57 10 5. Of the funds appropriated in this section, \$300,000  
57 11 shall be used to contract for planning grants for the  
57 12 development and implementation of children's mental health  
57 13 crisis services as provided in this Act.

Transfers \$300,000 to the Department of Human Services for the purpose of contracting for two planning grants for the development and implementation of children's mental health crisis services.

DETAIL: This is a new transfer. The program is established in Division XIII of this Act.

57 14 6. Of the funds appropriated in this section, \$200,000  
57 15 shall be used to continue to expand the provision of  
57 16 nationally accredited and recognized internet-based training  
57 17 to include mental health and disability services providers.

Allocates \$200,000 to contract with the College of Direct Support to provide nationally accredited internet-based training, including training for mental health and disability service providers.

DETAIL: This is a new allocation for FY 2017.

57 18 7. Of the funds appropriated in this section, \$300,000  
57 19 is transferred to the economic development authority for  
57 20 the Iowa commission on volunteer services to be used for  
57 21 RefugeeRISE AmeriCorps program member recruitment and training  
57 22 to improve the economic well-being and health of economically  
57 23 disadvantaged refugees in local communities across Iowa.  
57 24 Funds transferred may be used to supplement federal funds  
57 25 under federal regulations.

Transfers \$300,000 to the Economic Development Authority through the Department of Human Services for the RefugeeRISE AmeriCorps Program, to be used for member recruitment and training.

DETAIL: This is a new allocation for FY 2017. Requires funds to be used to supplement federal funds.

57 26 Sec. 25. 2015 Iowa Acts, chapter 137, is amended by adding  
57 27 the following new section:

General Fund appropriation for the DHS facilities.

57 28 NEW SECTION SEC. 147A. DEPARTMENT-WIDE DUTIES. There  
57 29 is appropriated from the general fund of the state to the  
57 30 department of human services for the fiscal year beginning  
57 31 July 1, 2016, and ending June 30, 2017, the following amount,  
57 32 or so much thereof as is necessary, to be used for the  
57 33 purposes designated:  
57 34 For salaries, support, maintenance, and miscellaneous  
57 35 purposes at facilities under the purview of the department of  
57 36 human services:

DETAIL: This is a new appropriation of \$2,879,274 for the DHS to assure adequate staffing among the DHS facilities and transfer staff as needed, while remaining within the set number of authorized positions.

57 37 ..... \$ 2,879,274

57 38 Sec. 26. 2015 Iowa Acts, chapter 137, section 148, is  
57 39 amended to read as follows:

58 1 SEC. 148. VOLUNTEERS. There is appropriated from the  
58 2 general fund of the state to the department of human services  
58 3 for the fiscal year beginning July 1, 2016, and ending June  
58 4 30, 2017, the following amount, or so much thereof as is  
58 5 necessary, to be used for the purpose designated:  
58 6 For development and coordination of volunteer services:  
58 7 ..... \$ 42,343  
58 8 ..... 84,686

General Fund appropriation to the DHS for the development and coordination of the [Volunteer Services Program](#).

DETAIL: This is no change compared to estimated net FY 2016.

58 9 Sec. 27. 2015 Iowa Acts, chapter 137, section 149, is  
58 10 amended to read as follows:  
58 11 SEC. 149. MEDICAL ASSISTANCE, STATE SUPPLEMENTARY  
58 12 ASSISTANCE, AND SOCIAL SERVICE PROVIDERS REIMBURSED UNDER THE  
58 13 DEPARTMENT OF HUMAN SERVICES.

58 14 1. a.—(1) ~~For the fiscal year beginning July 1, 2016,~~  
58 15 ~~the total state funding amount for the nursing facility budget~~  
58 16 ~~shall not exceed \$151,421,458.~~  
58 17 ~~—(2) The department, in cooperation with nursing facility~~  
58 18 ~~representatives, shall review projections for state funding~~  
58 19 ~~expenditures for reimbursement of nursing facilities on a~~  
58 20 ~~quarterly basis and the department shall determine if an~~  
58 21 ~~adjustment to the medical assistance reimbursement rate is~~  
58 22 ~~necessary in order to provide reimbursement within the state~~  
58 23 ~~funding amount for the fiscal year. Notwithstanding 2001~~  
58 24 ~~Iowa Acts, chapter 192, section 4, subsection 2, paragraph~~  
58 25 ~~“c”, and subsection 3, paragraph “a”, subparagraph (2), if~~  
58 26 ~~the state funding expenditures for the nursing facility~~  
58 27 ~~budget for the fiscal year are projected to exceed the amount~~  
58 28 ~~specified in subparagraph (1), the department shall adjust~~  
58 29 ~~the reimbursement for nursing facilities reimbursed under the~~  
58 30 ~~case-mix reimbursement system to maintain expenditures of the~~  
58 31 ~~nursing facility budget within the specified amount for the~~  
58 32 ~~fiscal year.~~

Eliminates language relating to the nursing facility cap. This language is no longer necessary under managed care.

58 33 (3) (a) For the fiscal year beginning July 1, 2016,  
58 34 case-mix, non-case mix, and special population nursing  
58 35 facilities shall be reimbursed in accordance with the  
58 36 methodology in effect on June 30, 2016.

Requires methodology for calculating reimbursement for case-mix, non-case mix, and special population nursing facilities to remain the same as the methodology in effect on June 30, 2016.

58 37 (b) For managed care claims, the department of human  
58 38 services shall adjust the payment rate floor for nursing  
58 39 facilities, annually, to maintain a rate floor that is no

Requires the DHS to adjust payment rates for nursing facilities to account for changes in case-mix. The DHS is to adjust rates annually, and the changes are required to be budget neutral to the state.

59 1 lower than the Medicaid fee-for-service case-mix adjusted rate  
 59 2 calculated in accordance with 441 IAC 81.6. The department  
 59 3 shall then calculate adjusted reimbursement rates, including  
 59 4 but not limited to add-on-payments, annually, and shall  
 59 5 notify Medicaid managed care organizations of the adjusted  
 59 6 reimbursement rates within 30 days of determining the adjusted  
 59 7 reimbursement rates. Any adjustment of reimbursement rates  
 59 8 under this subparagraph division shall be budget neutral to  
 59 9 the state budget.

59 10 (4) For any open or unsettled nursing facility cost report  
 59 11 for a fiscal year prior to and including the fiscal year  
 59 12 beginning July 1, 2015, including any cost report remanded  
 59 13 on judicial review for inclusion of prescription drug,  
 59 14 laboratory, or x-ray costs, the department shall offset all  
 59 15 reported prescription drug, laboratory, and x-ray costs with  
 59 16 any revenue received from Medicare or other revenue source for  
 59 17 any purpose. For purposes of this subparagraph, a nursing  
 59 18 facility cost report is not considered open or unsettled  
 59 19 if the facility did not initiate an administrative appeal  
 59 20 under chapter 17A or if any appeal rights initiated have been  
 59 21 exhausted.

Specifies that a nursing facility cost report is not considered open or unsettled if the facility did not initiate an administrative appeal or if any appeal rights initiated have been exhausted.

59 22 b. (1) For the fiscal year beginning July 1, 2016,  
 59 23 the department shall establish the pharmacy dispensing fee  
 59 24 reimbursement at \$11.73 per prescription, until a cost of  
 59 25 dispensing survey is completed. The actual dispensing fee  
 59 26 shall be determined by a cost of dispensing survey performed  
 59 27 by the department and required to be completed by all medical  
 59 28 assistance program participating pharmacies every two years,  
 59 29 adjusted as necessary to maintain expenditures within the  
 59 30 amount appropriated to the department for this purpose for the  
 59 31 fiscal year.

Requires a pharmacy dispensing fee reimbursement rate of \$11.73 per prescription.

DETAIL: This is no change compared to the FY 2016 fee.

59 32 (2) The department shall utilize an average acquisition  
 59 33 cost reimbursement methodology for all drugs covered under the  
 59 34 medical assistance program in accordance with 2012 Iowa Acts,  
 59 35 chapter 1133, section 33.

Requires the DHS to continue an Average Acquisition Cost (AAC) reimbursement methodology for all drugs covered under the Medicaid Program. The methodology is to utilize a survey of pharmacy invoices to determine the AAC. The Department is to provide a process for pharmacies to address average acquisition cost prices that are not reflective of the actual drug cost.

59 36 (3) Notwithstanding subparagraph (2), if the centers  
 59 37 for Medicare and Medicaid services of the United States  
 59 38 department of health and human services (CMS) requires, as a  
 59 39 condition of federal Medicaid funding, that the department  
 60 1 implement an aggregate federal upper limit (FUL) for drug  
 60 2 reimbursement based on the average manufacturer's price (AMP),

Specifies that if the Centers for Medicare and Medicaid Services (CMS) implements an aggregate federal upper payment limit for drug reimbursement, the DHS may use a reimbursement methodology based on the National Average Drug Acquisition Cost (NADAC).

60 3 the department may utilize a reimbursement methodology for  
 60 4 all drugs covered under the Medicaid program based on the  
 60 5 national average drug acquisition cost (NADAC) methodology  
 60 6 published by CMS, in order to assure compliance with the  
 60 7 aggregate FUL, minimize outcomes of drug reimbursements below  
 60 8 pharmacy acquisition costs, limit administrative costs, and  
 60 9 minimize any change in the aggregate reimbursement for drugs.  
 60 10 The department may adopt emergency rules to implement this  
 60 11 subparagraph.

60 12 c. (1) For the fiscal year beginning July 1, 2016,  
 60 13 reimbursement rates for outpatient hospital services shall  
 60 14 remain at the rates in effect on June 30, 2016, subject to  
 60 15 Medicaid program upper payment limit rules, and adjusted  
 60 16 as necessary to maintain expenditures within the amount  
 60 17 appropriated to the department for this purpose for the fiscal  
 60 18 year.

Requires the rate of reimbursement for outpatient hospital services to remain at the same rate in effect in FY 2016, subject to the Medicaid Upper Payment Limit (UPL) rules.

60 19 (2) For the fiscal year beginning July 1, 2016,  
 60 20 reimbursement rates for inpatient hospital services shall  
 60 21 remain at the rates in effect on June 30, 2016, subject to  
 60 22 Medicaid program upper payment limit rules, and adjusted  
 60 23 as necessary to maintain expenditures within the amount  
 60 24 appropriated to the department for this purpose for the fiscal  
 60 25 year.

Requires the rate of reimbursement for inpatient services to remain at the same rate in effect in FY 2016, subject to the Medicaid UPL rules.

60 26 (3) For the fiscal year beginning July 1, 2016, the  
 60 27 graduate medical education and disproportionate share hospital  
 60 28 fund shall remain at the amount in effect on June 30, 2016,  
 60 29 except that the portion of the fund attributable to graduate  
 60 30 medical education shall be reduced in an amount that reflects  
 60 31 the elimination of graduate medical education payments made to  
 60 32 out-of-state hospitals.

Requires the rate of reimbursement for the graduate medical education and disproportionate share hospital funds to remain the same as the FY 2016 reimbursement rate.

60 33 (4) In order to ensure the efficient use of limited state  
 60 34 funds in procuring health care services for low-income lowans,  
 60 35 funds appropriated in this Act for hospital services shall  
 60 36 not be used for activities which would be excluded from a  
 60 37 determination of reasonable costs under the federal Medicare  
 60 38 program pursuant to 42 U.S.C. §1395x(v)(1)(N).

Requires funds appropriated for hospital activities to be used for activities pursuant to the federal Medicare program.

60 39 d. For the fiscal year beginning July 1, 2016,  
 61 1 reimbursement rates for ~~rural health clinics~~, hospices, and  
 61 2 acute mental hospitals shall be increased in accordance with  
 61 3 increases under the federal Medicare program or as supported  
 61 4 by their Medicare audited costs.

Requires hospice services and acute mental hospitals to be reimbursed at the rate established under the federal Medicare Program for FY 2017.

61 5 e. For the fiscal year beginning July 1, 2016, independent

Requires reimbursement methodology for independent laboratories and

61 6 laboratories and rehabilitation agencies shall be reimbursed	rehabilitation agencies to remain the same as the methodology in FY
61 7 using the same methodology in effect on June 30, 2016.	2016.
61 8 f. (1) For the fiscal year beginning July 1, 2016,	Requires rates for home health agencies to be based on the Medicare
61 9 reimbursement rates for home health agencies shall continue to	Low Utilization Payment Amount (LUPA) and be increased by
61 10 be based on the Medicare low utilization payment adjustment	\$1,000,000 compared to the rates in effect in FY 2016.
61 11 (LUPA) methodology with state geographic wage adjustments,	
61 12 <del>and updated to reflect the most recent Medicare LUPA rates</del>	
61 13 <u>shall be adjusted to increase the rates to the extent possible</u>	
61 14 <u>within the \$1,000,000 of state funding appropriated for this</u>	
61 15 <u>purpose. The department shall continue to update the rates</u>	
61 16 <u>every two years to reflect the most recent Medicare LUPA</u>	
61 17 <u>rates.</u>	
61 18 (2) For the fiscal year beginning July 1, 2016, rates	Requires rates for private duty nursing and personal care services
61 19 for private duty nursing and personal care services under	under the Early Periodic Screening, Diagnostic, and Treatment
61 20 the early and periodic screening, diagnostic, and treatment	(EPSDT) Program to remain the same as the methodology in FY 2016.
61 21 program benefit shall be calculated based on the methodology	
61 22 in effect on June 30, 2016.	
61 23 g. For the fiscal year beginning July 1, 2016, federally	Requires the DHS to reimburse federally qualified health centers and
61 24 qualified health centers <u>and rural health clinics</u> shall	rural health clinics for 100.00% of the reasonable costs for provision of
61 25 receive cost-based reimbursement for 100 percent of the	services to Medical Assistance Program recipients.
61 26 reasonable costs for the provision of services to recipients	
61 27 of medical assistance.	
61 28 h. For the fiscal year beginning July 1, 2016, the	Requires the reimbursement rates for dental services to remain at the
61 29 reimbursement rates for dental services shall remain at the	rate in effect in FY 2016.
61 30 rates in effect on June 30, 2016.	
61 31 i. (1) For the fiscal year beginning July 1, 2016,	Requires the reimbursement rates for state-owned Psychiatric Medical
61 32 state-owned psychiatric medical institutions for children	Institutions for Children (PMICs) to be set at 100.00% of allowable
61 33 shall receive cost-based reimbursement for 100 percent of the	costs.
61 34 actual and allowable costs for the provision of services to	
61 35 recipients of medical assistance.	
61 36 (2) For the nonstate-owned psychiatric medical	Requires nonstate-owned PMICs to be reimbursed based on the
61 37 institutions for children, reimbursement rates shall be based	reimbursement methodology in effect in FY 2016.
61 38 on the reimbursement methodology <del>developed by the Medicaid</del>	
61 39 <del>managed care contractor for behavioral health services as</del>	
62 1 <del>required for federal compliance in effect on June 30, 2016.</del>	
62 2 (3) As a condition of participation in the medical	Requires PMIC providers to accept the Medicaid rate for any covered
62 3 assistance program, enrolled providers shall accept the	goods or services for children under the custody of the PMIC.
62 4 medical assistance reimbursement rate for any covered goods	
62 5 or services provided to recipients of medical assistance	
62 6 who are children under the custody of a psychiatric medical	
62 7 institution for children.	

62 8 j. For the fiscal year beginning July 1, 2016, unless  
62 9 otherwise specified in this Act, all noninstitutional  
62 10 medical assistance provider reimbursement rates shall remain  
62 11 at the rates in effect on June 30, 2016, except for area  
62 12 education agencies, local education agencies, infant and  
62 13 toddler services providers, home and community-based services  
62 14 providers including consumer-directed attendant care providers  
62 15 under a section 1915(c) or 1915(i) waiver, targeted case  
62 16 management providers, and those providers whose rates are  
62 17 required to be determined pursuant to section 249A.20.

Requires the reimbursement rates for all noninstitutional Medical Assistance providers, with specified exceptions, to remain at the rate in effect in FY 2016.

62 18 k. Notwithstanding any provision to the contrary, for the  
62 19 fiscal year beginning July 1, 2016, the reimbursement rate for  
62 20 anesthesiologists shall remain at the rate in effect on June  
62 21 30, 2016.

Requires the reimbursement rates for anesthesiologists to remain at the rate in effect in FY 2016.

62 22 l. Notwithstanding section 249A.20, for the fiscal year  
62 23 beginning July 1, 2016, the average reimbursement rate for  
62 24 health care providers eligible for use of the federal Medicare  
62 25 resource-based relative value scale reimbursement methodology  
62 26 under section 249A.20 shall remain at the rate in effect on  
62 27 June 30, 2016; however, this rate shall not exceed the maximum  
62 28 level authorized by the federal government.

Requires the rates for health care providers eligible for use of the federal Medicare resource-based relative value scale reimbursement methodology to remain at the rates in effect in FY 2016 and not to exceed the maximum level authorized by the federal government.

62 29 m. For the fiscal year beginning July 1, 2016, the  
62 30 reimbursement rate for residential care facilities shall not  
62 31 be less than the minimum payment level as established by the  
62 32 federal government to meet the federally mandated maintenance  
62 33 of effort requirement. The flat reimbursement rate for  
62 34 facilities electing not to file annual cost reports shall not  
62 35 be less than the minimum payment level as established by the  
62 36 federal government to meet the federally mandated maintenance  
62 37 of effort requirement.

Requires the reimbursement rates for residential care facilities to be no less than the minimum payment level required to meet the federal requirement.

62 38 n. For the fiscal year beginning July 1, 2016, the  
62 39 reimbursement rates for inpatient mental health services  
63 1 provided at hospitals shall remain at the rates in effect on  
63 2 June 30, 2016, subject to Medicaid program upper payment limit  
63 3 rules; and psychiatrists shall be reimbursed at the medical  
63 4 assistance program fee-for-service rate in effect on June 30,  
63 5 2016.

Requires the reimbursement rates for inpatient psychiatric hospital services to remain at the rate in effect in FY 2016.

63 6 o. For the fiscal year beginning July 1, 2016, community  
63 7 mental health centers may choose to be reimbursed for the  
63 8 services provided to recipients of medical assistance through  
63 9 either of the following options:  
63 10 (1) For 100 percent of the reasonable costs of the  
63 11 services.

Allows Community Mental Health Centers (CMHCs) to choose between two different methodologies for reimbursement. The first option allows the CMHCs to be reimbursed at 100.00% of reasonable cost of service and uses a cost settlement methodology. The second option is based on rates in effect in FY 2016.



63 12 (2) In accordance with the alternative reimbursement rate  
 63 13 methodology ~~established by the medical assistance program's~~  
 63 14 ~~managed care contractor for mental health services and~~  
 63 15 approved by the department of human services in effect on June  
 63 16 30, 2016.

Requires the reimbursement rates for family planning services to remain at the rate in effect in FY 2016.

63 17 p. For the fiscal year beginning July 1, 2016, the  
 63 18 reimbursement rate for providers of family planning services  
 63 19 that are eligible to receive a 90 percent federal match shall  
 63 20 remain at the rates in effect on June 30, 2016.

Requires an increase in the upper payment limits and reimbursement rates for home and community-based services waiver service providers for which the rate floor is based on the average aggregate reimbursement rate. The rates are to be increased by 1.00% over the rate in effect in FY 2016.

63 21 q. For the fiscal year beginning July 1, 2016, the upper  
 63 22 limits ~~on and~~ reimbursement rates for providers of home and  
 63 23 community-based services waiver services ~~shall remain at the~~  
 63 24 ~~limits in effect on June 30, 2016 for which the rate floor~~  
 63 25 is based on the average aggregate reimbursement rate for the  
 63 26 fiscal year beginning July 1, 2014, shall be determined as  
 63 27 follows:

FISCAL IMPACT: This change is estimated to cost the Medicaid Program \$2,200,000 in FY 2017.

63 28 (1) For fee-for-service claims, the reimbursement rate  
 63 29 shall be increased by 1 percent over the rates in effect on  
 63 30 June 30, 2016.

63 31 (2) For managed care claims, the reimbursement rate floor  
 63 32 shall be increased by 1 percent over the rate floor in effect  
 63 33 on April 1, 2016.

Requires the reimbursement rates for emergency medical providers to remain at the rate in effect in FY 2016.

63 34 r. For the fiscal year beginning July 1, 2016, the  
 63 35 reimbursement rates for emergency medical service providers  
 63 36 shall remain at the rates in effect on June 30, 2016.

Requires that the minimum reimbursement payment for providers for the In-Home-Related Care Program to be no less than the minimum payment established by the federal government for FY 2017.

63 37 2. For the fiscal year beginning July 1, 2016, the  
 63 38 reimbursement rate for providers reimbursed under the  
 63 39 in-home-related care program shall not be less than the  
 64 1 minimum payment level as established by the federal government  
 64 2 to meet the federally mandated maintenance of effort  
 64 3 requirement.

Specifies that when the required reimbursement methodology for providers under this section includes an inflation factor, the factor cannot exceed the increase in the Consumer Price Index (CPI) for Urban Consumers for the calendar year ending December 31, 2002.

64 4 3. Unless otherwise directed in this section, when the  
 64 5 department's reimbursement methodology for any provider  
 64 6 reimbursed in accordance with this section includes an  
 64 7 inflation factor, this factor shall not exceed the amount  
 64 8 by which the consumer price index for all urban consumers  
 64 9 increased during the calendar year ending December 31, 2002.

Requires the reimbursement rates for the foster family basic daily maintenance rate and the maximum adoption subsidy rate for children from birth through age 21 to remain at the rate in effect for FY 2016.

64 10 4.—~~For Notwithstanding section 234.38, for the fiscal~~  
 64 11 ~~year beginning July 1, 2016, the foster family basic daily~~  
 64 12 ~~maintenance rate and the maximum adoption subsidy rate for~~  
 64 13 ~~children ages 0 through 5 years shall be \$16.78, the rate for~~  
 64 14 ~~children ages 6 through 11 years shall be \$17.45, the rate for~~

64 15 children ages 12 through 15 years shall be \$19.10, and the  
64 16 rate for children and young adults ages 16 and older shall be  
64 17 \$19.35. For youth ages 18 to 21 who have exited foster care,  
64 18 the preparation for adult living program maintenance rate  
64 19 shall be \$602.70 per month. The maximum payment for adoption  
64 20 subsidy nonrecurring expenses shall be limited to \$500 and the  
64 21 disallowance of additional amounts for court costs and other  
64 22 related legal expenses implemented pursuant to 2010 Iowa Acts,  
64 23 chapter 1031, section 408, shall be continued.

64 24 5. For the fiscal year beginning July 1, 2016, the maximum  
64 25 reimbursement rates for social services providers under  
64 26 contract shall remain at the rates in effect on June 30, 2016,  
64 27 or the provider's actual and allowable cost plus inflation for  
64 28 each service, whichever is less. However, if a new service  
64 29 or service provider is added after June 30, 2016, the initial  
64 30 reimbursement rate for the service or provider shall be  
64 31 based upon a weighted average of provider rates for similar  
64 32 services.

Requires the reimbursement rate for social services providers under contract to remain at the rate in effect for FY 2016. However, if a new service or service provider is added during FY 2017, the initial reimbursement rate will be based on a weighted average of provider rates for similar services.

64 33 6. For the fiscal year beginning July 1, 2016, the  
64 34 reimbursement rates for resource family recruitment and  
64 35 retention contractors, child welfare emergency services  
64 36 contractors, and supervised apartment living foster care  
64 37 providers shall remain at the rates in effect on June 30,  
64 38 2016.

Requires the reimbursement rates for the resource family recruitment and retention contractors, child welfare emergency services contractors, and supervised apartment living foster care providers to remain at the rate in effect in FY 2016.

64 39 7. a. For the purposes of this subsection, "combined  
65 1 reimbursement rate" means the combined service and maintenance  
65 2 reimbursement rate for a service level under the department's  
65 3 reimbursement methodology. Effective July 1, 2016, the  
65 4 combined reimbursement rate for a group foster care service  
65 5 level shall be the amount designated in this subsection.  
65 6 However, if a group foster care provider's reimbursement rate  
65 7 for a service level as of June 30, 2016, is more than the rate  
65 8 designated in this subsection, the provider's reimbursement  
65 9 shall remain at the higher rate.

Requires the combined service and maintenance reimbursement rate for group foster care providers in FY 2017 to remain at the rate in effect in FY 2016. However, if a group foster care provider's reimbursement rate for a service level as of FY 2016 is higher, then the provider's reimbursement will remain at the higher rate.

65 10 b. Unless a group foster care provider is subject to  
65 11 the exception provided in paragraph "a", effective July 1,  
65 12 2016, the combined reimbursement rates for the service levels  
65 13 under the department's reimbursement methodology shall be as  
65 14 follows:

Sets daily combined reimbursement rates for group foster care providers for each service level.

65 15 (1) For service level, community - D1, the daily rate shall  
65 16 be at least \$84.17.

65 17 (2) For service level, comprehensive - D2, the daily rate  
65 18 shall be at least \$119.09.

65 19 (3) For service level, enhanced - D3, the daily rate shall

65 20 be at least \$131.09.

65 21 8. The group foster care reimbursement rates paid for  
65 22 placement of children out of state shall be calculated  
65 23 according to the same rate-setting principles as those used  
65 24 for in-state providers, unless the director of human services  
65 25 or the director's designee determines that appropriate care  
65 26 cannot be provided within the state. The payment of the daily  
65 27 rate shall be based on the number of days in the calendar  
65 28 month in which service is provided.

Requires the group foster care reimbursement rates paid for placement of children out-of-state to be calculated according to the same rate-setting principles as those used for in-state providers, unless the Director of the DHS determines that appropriate care cannot be provided in the state. Also, requires payment of the daily rate to be based on the number of days in the calendar month this service is provided.

65 29 9. a. For the fiscal year beginning July 1, 2016, the  
65 30 reimbursement rate paid for shelter care and the child welfare  
65 31 emergency services implemented to provide or prevent the need  
65 32 for shelter care shall be established by contract.

Requires the statewide average reimbursement rates paid to shelter care providers to be established by contract.

65 33 b. For the fiscal year beginning July 1, 2016, the combined  
65 34 service and maintenance components of the reimbursement rate  
65 35 paid for shelter care services shall be based on the financial  
65 36 and statistical report submitted to the department. The  
65 37 maximum reimbursement rate shall be \$101.83 per day. The  
65 38 department shall reimburse a shelter care provider at the  
65 39 provider's actual and allowable unit cost, plus inflation, not  
66 1 to exceed the maximum reimbursement rate.

Requires the FY 2017 combined service and maintenance components of the reimbursement rate paid to shelter care providers to be based on the cost report submitted to the DHS. Also, requires a maximum reimbursement rate of \$101.83 per day and requires the DHS to reimburse shelter care providers at the actual and allowable unit cost, plus inflation, not to exceed the maximum reimbursement rate.

66 2 c. Notwithstanding section 232.141, subsection 8, for  
66 3 the fiscal year beginning July 1, 2016, the amount of the  
66 4 statewide average of the actual and allowable rates for  
66 5 reimbursement of juvenile shelter care homes that is utilized  
66 6 for the limitation on recovery of unpaid costs shall remain  
66 7 at the amount in effect for this purpose in the fiscal year  
66 8 beginning July 1, 2015.

Requires the statewide Average Reimbursement Rates paid to shelter care providers in FY 2017 to remain at the rate in effect in FY 2016.

NOTE: During the 2016 Legislative Session, SF 2035 (FY 2016 Shelter Care Providers Increase Act) increased the statewide average of the actual and allowable by \$4.85 retroactive to July 1, 2015.

66 9 10. For the fiscal year beginning July 1, 2016,  
66 10 the department shall calculate reimbursement rates for  
66 11 intermediate care facilities for persons with an intellectual  
66 12 disability at the 80th percentile. Beginning July 1, 2016,  
66 13 the rate calculation methodology shall utilize the consumer  
66 14 price index inflation factor applicable to the fiscal year  
66 15 beginning July 1, 2016.

Requires the DHS to calculate reimbursement rates for Intermediate Care Facilities for persons with Intellectual Disabilities (ICF/IDs) at the 80th percentile for FY 2016.

66 16 11. For the fiscal year beginning July 1, 2016, for  
66 17 child care providers reimbursed under the state child  
66 18 care assistance program, the department shall set provider  
66 19 reimbursement rates based on the rate reimbursement survey  
66 20 completed in December 2004. Effective July 1, 2016, the child  
66 21 care provider reimbursement rates shall remain at the rates  
66 22 in effect on June 30, 2016. The department shall set rates

Requires the DHS to set FY 2017 provider reimbursement rates for child care providers based on the rate reimbursement survey completed in December 2004 and at the same level as FY 2016.

66 23 in a manner so as to provide incentives for a nonregistered  
 66 24 provider to become registered by applying the increase only to  
 66 25 registered and licensed providers.

66 26 11A. For the fiscal year beginning July 1, 2016,  
 66 27 notwithstanding any provision to the contrary under this  
 66 28 section, affected providers or services shall be reimbursed  
 66 29 as follows:

66 30 a. For fee-for-service claims, reimbursement shall be  
 66 31 calculated based on the methodology otherwise specified in  
 66 32 this section for the fiscal year beginning July 1, 2016, for  
 66 33 the respective provider or service.

Specifies that fee-for-services rates are to be calculated based on the methodology in this section.

66 34 b. For claims subject to a managed care contract:  
 66 35 (1) With the exception of any provider or service to  
 66 36 which a reimbursement increase is applicable for the fiscal  
 66 37 year under this section, reimbursement shall be based on  
 66 38 the methodology established by the managed care contract.  
 66 39 However, any reimbursement established under such contract  
 67 1 shall not be lower than the rate floor established by the  
 67 2 department of human services as the managed care organization  
 67 3 provider or service reimbursement rate floor for the  
 67 4 respective provider or service in effect on April 1, 2016.  
 67 5 (2) For any provider or service to which a reimbursement  
 67 6 increase is applicable for the fiscal year under this section,  
 67 7 upon the effective date of the reimbursement increase, the  
 67 8 department of human services shall modify the rate floor in  
 67 9 effect on April 1, 2016, to reflect the increase specified  
 67 10 under this section. Any reimbursement established under the  
 67 11 managed care contract shall not be lower than the rate floor  
 67 12 as modified by the department of human services to reflect the  
 67 13 provider rate increase specified under this section.

Specifies that with the exception of the rate increases provided in this section, managed care rates shall be based on the methodology established by contract but no lower than the rate floor established by the DHS on April 1, 2016.

VETOED: The Governor vetoed this paragraph and stated the DHS already includes protections for providers and their reimbursement and the restrictions in this item are redundant and unnecessary.

67 14 13. The department may adopt emergency rules to implement  
 67 15 this section.

Allows the DHS to adopt emergency rules to implement the section dealing with reimbursement rates.

67 16 Sec. 28. 2015 Iowa Acts, chapter 137, is amended by adding  
 67 17 the following new section:  
 67 18 NEW SECTION SEC. 151A. TRANSFER OF MEDICAID  
 67 19 MODERNIZATION SAVINGS BETWEEN APPROPRIATIONS FY  
 67 20 2016-2017. Notwithstanding section 8.39, subsection 1, for  
 67 21 the fiscal year beginning July 1, 2016, if savings resulting  
 67 22 from the governor's Medicaid modernization initiative accrue  
 67 23 to the medical contracts or children's health insurance  
 67 24 program appropriation from the general fund of the state  
 67 25 and not to the medical assistance appropriation from the  
 67 26 general fund of the state under this division of this Act,

Allows the DHS to transfer funds between appropriations to account for savings from the Medicaid managed care initiative.

67 27 such savings may be transferred to such medical assistance  
 67 28 appropriation for the same fiscal year without prior written  
 67 29 consent and approval of the governor and the director of the  
 67 30 department of management. The department of human services  
 67 31 shall report any transfers made pursuant to this section to  
 67 32 the legislative services agency.

67 33 DIVISION VI  
 67 34 HEALTH CARE ACCOUNTS AND FUNDS — FY 2016-2017  
 67 35 Sec. 29. 2015 Iowa Acts, chapter 137, section 152, is  
 67 36 amended to read as follows:

67 37 SEC. 152. PHARMACEUTICAL SETTLEMENT ACCOUNT. There is  
 67 38 appropriated from the pharmaceutical settlement account  
 67 39 created in section 249A.33 to the department of human services  
 68 1 for the fiscal year beginning July 1, 2016, and ending June  
 68 2 30, 2017, the following amount, or so much thereof as is  
 68 3 necessary, to be used for the purpose designated:  
 68 4 Notwithstanding any provision of law to the contrary, to  
 68 5 supplement the appropriations made in this Act for medical  
 68 6 contracts under the medical assistance program for the fiscal  
 68 7 year beginning July 1, 2016, and ending June 30, 2017:  
 68 8 .....\$ 1,001,088  
 68 9 .....1,300,000

Pharmaceutical Settlement Account appropriation to the DHS for Medical Contracts in Medicaid.

DETAIL: This is a decrease of \$702,176 compared to estimated net FY 2016.

68 10 Sec. 30. 2015 Iowa Acts, chapter 137, section 153, is  
 68 11 amended to read as follows:

68 12 SEC. 153. QUALITY ASSURANCE TRUST FUND — DEPARTMENT  
 68 13 OF HUMAN SERVICES. Notwithstanding any provision to the  
 68 14 contrary and subject to the availability of funds, there is  
 68 15 appropriated from the quality assurance trust fund created in  
 68 16 section 249L.4 to the department of human services for the  
 68 17 fiscal year beginning July 1, 2016, and ending June 30, 2017,  
 68 18 the following amounts, or so much thereof as is necessary, for  
 68 19 the purposes designated:  
 68 20 To supplement the appropriation made in this Act from the  
 68 21 general fund of the state to the department of human services  
 68 22 for medical assistance for the same fiscal year:  
 68 23 .....\$ 18,602,604  
 68 24 .....36,705,208

[Quality Assurance Trust Fund](#) appropriation to supplement nursing facilities under the Medicaid Program.

DETAIL: This is a decrease of \$500,000 compared to estimated net FY 2016 due to less revenue available in the fund.

68 25 Sec. 31. 2015 Iowa Acts, chapter 137, section 154, is  
 68 26 amended to read as follows:

68 27 SEC. 154. HOSPITAL HEALTH CARE ACCESS TRUST FUND —  
 68 28 DEPARTMENT OF HUMAN SERVICES. Notwithstanding any provision  
 68 29 to the contrary and subject to the availability of funds,

[Hospital Health Care Access Trust Fund](#) appropriation to the Medicaid Program.

DETAIL: This is no change compared to estimated net FY 2016.

68 30 there is appropriated from the hospital health care access  
 68 31 trust fund created in section 249M.4 to the department of  
 68 32 human services for the fiscal year beginning July 1, 2016,  
 68 33 and ending June 30, 2017, the following amounts, or so much  
 68 34 thereof as is necessary, for the purposes designated:  
 68 35 To supplement the appropriation made in this Act from the  
 68 36 general fund of the state to the department of human services  
 68 37 for medical assistance for the same fiscal year:  
 68 38 ..... \$ 17,350,000  
 68 39 ..... 34,700,000

69 1 DIVISION VII  
 69 2 PROPERTY TAX RELIEF FUND BLOCK GRANT MONEY — FY 2016-2017

Appropriates \$7,456,296 from the federal Social Services Block Grant to the Child and Family Services appropriation for FY 2017.

DETAIL: This is a decrease of \$3,934,052 compared to estimated net FY 2016. The decrease in funding from this source is being made up by additional TANF Funds.

69 3 Sec. 32. 2015 Iowa Acts, chapter 137, section 157, is  
 69 4 amended to read as follows:  
 69 5 SEC. 157. PROPERTY TAX RELIEF FUND BLOCK GRANT MONEYS. The  
 69 6 moneys transferred to the property tax relief fund for the  
 69 7 fiscal year beginning July 1, ~~2015~~ 2016, from the federal  
 69 8 social services block grant pursuant to 2015 Iowa Acts,  
 69 9 House File 630, ~~and from the federal temporary assistance for~~  
 69 10 ~~needy families block grant~~, totaling at least ~~\$11,774,275~~  
 69 11 ~~\$7,456,296~~, are appropriated to the department of human  
 69 12 services for the fiscal year beginning July 1, ~~2015~~ 2016,  
 69 13 and ending June 30, ~~2016~~ 2017, to be used for the purposes  
 69 14 designated, notwithstanding any provision of law to the  
 69 15 contrary:  
 69 16 ~~—1. For distribution to any mental health and disability~~  
 69 17 ~~services region where 25 percent of the region's projected~~  
 69 18 ~~expenditures exceeds the region's projected fund balance:~~  
 69 19 ..... \$ 480,000  
 69 20 ~~—a. For purposes of this subsection:~~  
 69 21 ~~—(1) "Available funds" means a county mental health and~~  
 69 22 ~~services fund balance on June 30, 2015, plus the maximum~~  
 69 23 ~~amount a county was allowed to levy for the fiscal year~~  
 69 24 ~~beginning July 1, 2015.~~  
 69 25 ~~—(2) "Projected expenditures" means the actual expenditures~~  
 69 26 ~~of a mental health and disability services region as of June~~  
 69 27 ~~30, 2015, multiplied by an annual inflation rate of 2 percent~~  
 69 28 ~~plus the projected costs for new core services administered by~~  
 69 29 ~~the region as provided in a region's regional service system~~  
 69 30 ~~management plan approved pursuant to section 331.393 for the~~  
 69 31 ~~fiscal year beginning July 1, 2015.~~  
 69 32 ~~—(3) "Projected fund balance" means the difference between~~  
 69 33 ~~a mental health and disability services region's available~~  
 69 34 ~~funds and projected expenditures.~~  
 69 35 ~~—b. If sufficient funds are not available to implement this~~  
 69 36 ~~subsection, the department of human services shall distribute~~

69 37 ~~funds to a region in proportion to the availability of funds.~~

69 38 2. To be transferred to the appropriation in this Act for  
69 39 child and family services for the fiscal year beginning July  
70 1 1, 2016, to be used for the purpose of that appropriation:

70 2 ..... \$ 5,407,137  
70 3 ..... 6,880,223

70 4 DIVISION VIII  
70 5 PRIOR YEAR APPROPRIATIONS AND OTHER PROVISIONS

70 6 FAMILY INVESTMENT PROGRAM ACCOUNT FY 2015-2016

70 7 Sec. 33. 2015 Iowa Acts, chapter 137, section 7, subsection  
70 8 4, paragraph e, is amended to read as follows:

70 9 e. For the JOBS program:

70 10 ..... \$ 17,540,398  
70 11 ..... 17,140,398

Deappropriates \$400,000 in FY 2016 from the Family Investment Program Account Promise Jobs allocation.

DETAIL: The deappropriated funds in this section are being redirected to Fund the FY 2016 Medicaid shortfall.

70 12 FAMILY INVESTMENT PROGRAM GENERAL FUND FY 2015-2016

70 13 Sec. 34. 2015 Iowa Acts, chapter 137, section 8, unnumbered  
70 14 paragraph 2, is amended to read as follows:

70 15 To be credited to the family investment program (FIP)  
70 16 account and used for family investment program assistance  
70 17 under chapter 239B:

70 18 ..... \$ 48,673,875  
70 19 ..... 44,773,875

Deappropriates \$3,900,000 in FY 2016 from the Family Investment Program appropriation due to lower caseloads.

DETAIL: The deappropriated funds in this section are being redirected to Fund the FY 2016 Medicaid shortfall.

70 20 Sec. 35. 2015 Iowa Acts, chapter 137, section 8, subsection  
70 21 1, is amended to read as follows:

70 22 1. Of the funds appropriated in this section, ~~\$7,402,220~~  
70 23 \$7,002,220 is allocated for the JOBS program.

Conforming change to the allocation for the Promise Jobs Program due to the deappropriation above.

70 24 MEDICAL ASSISTANCE APPROPRIATION — FY 2015-2016

70 25 Sec. 36. 2015 Iowa Acts, chapter 137, section 12,  
70 26 unnumbered paragraph 2, is amended to read as follows:

70 27 For medical assistance program reimbursement and  
70 28 associated costs as specifically provided in the reimbursement  
70 29 methodologies in effect on June 30, 2015, except as otherwise  
70 30 expressly authorized by law, consistent with options under  
70 31 federal law and regulations, and contingent upon receipt of  
70 32 approval from the office of the governor of reimbursement for  
70 33 each abortion performed under the program:

70 34 ..... \$1,303,191,564  
70 35 ..... 1,318,191,564

General Fund supplemental appropriation of \$15,000,000 for the Medicaid Program in FY 2016.

DETAIL: The supplemental appropriation, in addition to the \$2,000,000 transfer from Decategorization funds and a \$67,000,000 supplemental appropriation proposed in SF 2109 (FY 2016 Supplemental Appropriations Act), provides an additional \$84,000,000 for the Medicaid Program in FY 2016.

70 36 MODERNIZATION EMERGENCY RULES FY 2015-2016

70 37 Sec. 37. 2015 Iowa Acts, chapter 137, section 12,  
 70 38 subsection 24, is amended to read as follows:  
 70 39 ~~—24. The department of human services may adopt emergency~~  
 71 1 ~~rules as necessary to implement the governor's Medicaid~~  
 71 2 ~~modernization initiative beginning January 1, 2016.~~

Strikes the language allowing the DHS to adopt emergency rules related to Medicaid managed care.

# 71 3 AUTISM SUPPORT PROGRAM FUND FY 2015-2016

71 4 Sec. 38. 2015 Iowa Acts, chapter 137, section 13,  
 71 5 subsection 5, unnumbered paragraph 1, is amended to read as  
 71 6 follows:  
 71 7 Of the funds appropriated in this section, \$2,000,000  
 71 8 shall be credited to the autism support program fund created  
 71 9 in section 225D.2 to be used for the autism support program  
 71 10 created in chapter 225D, with the exception of the following  
 71 11 amounts of this allocation which shall be used as follows:

Specifies that the \$2,000,000 appropriated for FY 2016 is credited to the Autism Support Program Fund.

# 71 12 STATE SUPPLEMENTARY ASSISTANCE FY 2015-2016

71 13 Sec. 39. 2015 Iowa Acts, chapter 137, section 14,  
 71 14 unnumbered paragraph 2, is amended to read as follows:  
 71 15 For the state supplementary assistance program:

Deappropriates \$1,100,000 in FY 2016 from the State Supplementary Assistance Program appropriation.

71 16 ..... \$ ~~42,997,187~~  
 71 17 ..... 11,897,187

DETAIL: The deappropriated funds in this section are being redirected to fund the FY 2016 Medicaid shortfall.

# 71 18 CHILD CARE ASSISTANCE FY 2015-2016

71 19 Sec. 40. 2015 Iowa Acts, chapter 137, section 16,  
 71 20 unnumbered paragraph 2, is amended to read as follows:  
 71 21 For child care programs:

Deappropriates \$10,000,000 in FY 2016 from the Child Care Assistance Program appropriation.

71 22 ..... \$ ~~51,408,668~~  
 71 23 ..... 41,408,668

DETAIL: The deappropriated funds in this section are being redirected to Fund the FY 2016 Medicaid shortfall.

71 24 Sec. 41. 2015 Iowa Acts, chapter 137, section 16,  
 71 25 subsection 1, is amended to read as follows:  
 71 26 1. Of the funds appropriated in this section, ~~\$43,689,241~~  
 71 27 \$33,689,241 shall be used for state child care assistance in  
 71 28 accordance with section 237A.13.

Conforming change to the allocation for Child Care Assistance Program due to the deappropriation above.

71 29 Sec. 42. 2015 Iowa Acts, chapter 137, section 16,  
 71 30 subsection 9, is amended to read as follows:  
 71 31 9. Notwithstanding section 8.33, moneys ~~advanced for~~  
 71 32 ~~purposes of the programs developed by early childhood Iowa~~  
 71 33 ~~areas, advanced for purposes of wraparound child care,~~  
 71 34 appropriated in this section or received from the federal  
 71 35 appropriations made for the purposes of this section that  
 71 36 remain unencumbered or unobligated at the close of the fiscal

Permits nonreversion of the General Fund Child Care Assistance appropriation.



71 37 year shall not revert to any fund but shall remain available  
 71 38 for expenditure for the purposes designated until the close  
 71 39 of the succeeding fiscal year.

72 1 NURSING FACILITY BUDGET FY 2015-2016

72 2 Sec. 43. 2015 Iowa Acts, chapter 137, section 29,  
 72 3 subsection 1, paragraph a, subparagraph (1), is amended to  
 72 4 read as follows:

72 5 (1) For the fiscal year beginning July 1, 2015, the total  
 72 6 state funding amount for the nursing facility budget shall not  
 72 7 exceed ~~\$151,421,158~~ \$227,131,737.

Increases the nursing facility cap by \$75,710,579 to account for the April 1, 2016, implementation date for managed care.

72 8 Sec. 44. EFFECTIVE UPON ENACTMENT. This division of this  
 72 9 Act, being deemed of immediate importance, takes effect upon  
 72 10 enactment.

This Division is effective on enactment.

72 11 Sec. 45. RETROACTIVE APPLICABILITY. This division of this  
 72 12 Act is retroactively applicable to July 1, 2015.

This Division applies retroactively to July 1, 2015.

72 13 DIVISION IX  
 72 14 DECATEGORIZATION  
 72 15 Sec. 46. DECATEGORIZATION CARRYOVER FUNDING — TRANSFER TO  
 72 16 MEDICAID PROGRAM. Notwithstanding section 232.188, subsection  
 72 17 5, paragraph “b”, any state appropriated moneys in the funding  
 72 18 pool that remained unencumbered or unobligated at the close  
 72 19 of the fiscal year beginning July 1, 2013, and were deemed  
 72 20 carryover funding to remain available for the two succeeding  
 72 21 fiscal years that still remain unencumbered or unobligated at  
 72 22 the close of the fiscal year beginning July 1, 2015, shall  
 72 23 not revert but shall be transferred to the medical assistance  
 72 24 program for the fiscal year beginning July 1, 2015.

Transfers funds from the Decategorization carryforward in FY 2015, which would otherwise revert to the General Fund, to Medicaid in FY 2016.

DETAIL: The estimated carryforward transfer is \$2,000,000.

72 25 Sec. 47. EFFECTIVE UPON ENACTMENT. This division of this  
 72 26 Act, being deemed of immediate importance, takes effect upon  
 72 27 enactment.

This Division is effective on enactment.

72 28 Sec. 48. RETROACTIVE APPLICABILITY. This division of this  
 72 29 Act is retroactively applicable to July 1, 2015.

This Division is retroactive to July 1, 2015.

72 30 DIVISION X  
 72 31 CODE CHANGES  
 72 32 LOCAL OFFICES OF SUBSTITUTE DECISION MAKER

72 33 Sec. 49. Section 231E.4, subsection 3, paragraph a, Code  
 72 34 2016, is amended to read as follows:

72 35 a. Select persons through a request for proposals process  
 72 36 to establish local offices of substitute decision maker in  
 72 37 each of the planning and service areas. Local offices shall

CODE: Extends the establishment date for local Office of Substitute Decision Maker offices to July 1, 2018.

72 38 be established statewide on or before July 1, ~~2017~~ 2018.

73 1 INSTITUTIONS FOR PERSONS WITH AN INTELLECTUAL DISABILITY —  
73 2 ASSESSMENT

73 3 Sec. 50. Section 222.60A, Code 2016, is amended to read as  
73 4 follows:

73 5 222.60A COST OF ASSESSMENT.

73 6 Notwithstanding any provision of this chapter to the  
73 7 contrary, any amount attributable to any ~~fee assessed~~  
73 8 assessment pursuant to section 249A.21 that would otherwise  
73 9 be the liability of any county shall be paid by the state.  
73 10 The department may transfer funds from the appropriation for  
73 11 medical assistance to pay any amount attributable to any ~~fee~~  
73 12 ~~assessed~~ assessment pursuant to section 249A.21 that is a  
73 13 liability of the state.

CODE: Amends language related to the assessment for Intermediate Care Facilities for persons with Intellectual Disabilities (ICF/IDs) to conform to the transition to managed care.

73 14 Sec. 51. Section 249A.12, subsection 3, paragraph c, Code  
73 15 2016, is amended to read as follows:

73 16 c. ~~Effective February 1, 2002, the~~ The state shall be  
73 17 responsible for all of the nonfederal share of the costs of  
73 18 intermediate care facility for persons with an intellectual  
73 19 disability services provided under medical assistance  
73 20 attributable to the assessment ~~fee~~ for intermediate care  
73 21 facilities for individuals with an intellectual disability  
73 22 imposed pursuant to section 249A.21. ~~Effective February 1,~~  
73 23 ~~2003, a~~ A county is not required to reimburse the department  
73 24 and shall not be billed for the nonfederal share of the costs  
73 25 of such services attributable to the assessment ~~fee~~.

CODE: Amends language related to the assessment for Intermediate Care Facilities for persons with Intellectual Disabilities (ICF/IDs) to conform to the transition to managed care.

73 26 Sec. 52. Section 249A.21, Code 2016, is amended to read as  
73 27 follows:

73 28 249A.21 INTERMEDIATE CARE FACILITIES FOR PERSONS WITH AN  
73 29 INTELLECTUAL DISABILITY — ASSESSMENT.

73 30 1. ~~The department may assess~~ An intermediate care  
73 31 ~~facilities~~ facility for persons with an intellectual  
73 32 disability, as defined in section 135C.1, ~~a fee in~~ shall be  
73 33 assessed an amount for the preceding calendar quarter, not to  
73 34 exceed six percent of the ~~total annual revenue of the facility~~  
73 35 ~~for the preceding fiscal year~~ actual paid claims for the  
73 36 previous quarter.

73 37 2. The assessment shall be paid by each intermediate care  
73 38 facility for persons with an intellectual disability to the  
73 39 department ~~in equal monthly amounts on or before the fifteenth~~  
74 1 ~~day of each month~~ on a quarterly basis. The department may  
74 2 deduct the monthly amount from medical assistance payments to  
74 3 a facility described in subsection 1. The amount deducted  
74 4 ~~from payments shall not exceed the total amount of the~~

CODE: Amends language related to the assessment for Intermediate Care Facilities for persons with Intellectual Disabilities (ICF/IDs) to conform to the transition to managed care.

74 5 assessments due An intermediate care facility for persons with  
74 6 an intellectual disability shall submit the assessment amount  
74 7 no later than thirty days following the end of each calendar  
74 8 quarter.

74 9 3.—Revenue from the assessments shall be credited The  
74 10 department shall collect the assessment imposed and shall  
74 11 credit all revenues collected to the state medical assistance  
74 12 appropriation. This revenue may be used only for services  
74 13 for which federal financial participation under the medical  
74 14 assistance program is available to match state funds.

74 15 4. If the department determines that an intermediate care  
74 16 facility for persons with an intellectual disability has  
74 17 underpaid or overpaid the assessment, the department shall  
74 18 notify the intermediate care facility for persons with an  
74 19 intellectual disability of the amount of the unpaid assessment  
74 20 or refund due. Such payment or refund shall be due or  
74 21 refunded within thirty days of the issuance of the notice.

74 22 5. An intermediate care facility for persons with an  
74 23 intellectual disability that fails to pay the assessment  
74 24 within the time frame specified in this section shall pay.  
74 25 in addition to the outstanding assessment, a penalty in the  
74 26 amount of one and five-tenths percent of the assessment amount  
74 27 owed for each month or portion of each month the payment  
74 28 is overdue. However, if the department determines that  
74 29 good cause is shown for failure to comply with payment of  
74 30 the assessment, the department shall waive the penalty or a  
74 31 portion of the penalty.

74 32 6. If an assessment has not been received by the department  
74 33 by the last day of the third month after the payment is due,  
74 34 the department shall suspend payment due the intermediate care  
74 35 facility for persons with an intellectual disability under the  
74 36 medical assistance program including payments made on behalf  
74 37 of the medical assistance program by a Medicaid managed care  
74 38 contractor.

74 39 7. The assessment imposed under this section constitutes  
75 1 a debt due and owing the state and may be collected by civil  
75 2 action, including but not limited to the filing of tax liens,  
75 3 and any other method provided for by law.

75 4 8. If federal financial participation to match the  
75 5 assessments made under subsection 1 becomes unavailable under  
75 6 federal law, the department shall terminate the imposing  
75 7 of the assessments beginning on the date that the federal  
75 8 statutory, regulatory, or interpretive change takes effect.

75 9 ~~—5. 9.~~ The department of human services may procure a sole  
75 10 source contract to implement the provisions of this section.

75 11 ~~—6. 10.~~ The department may adopt administrative rules under  
75 12 section 17A.4, subsection 3, and section 17A.5, subsection 2,  
75 13 paragraph “b”, to implement this section, and any fee assessed

75 14 ~~pursuant to this section against an intermediate care facility~~  
 75 15 ~~for persons with an intellectual disability that is operated~~  
 75 16 ~~by the state may be made retroactive to October 1, 2003.~~

75 17 DIVISION XI  
 75 18 HOSPITAL HEALTH CARE ACCESS ASSESSMENT

75 19 Sec. 53. Section 249M.5, Code 2016, is amended to read as  
 75 20 follows:

75 21 249M.5 FUTURE REPEAL.

75 22 This chapter is repealed ~~June 30, 2016~~ July 1, 2017.

CODE: Extends the repeal of the Hospital Health Care Access Assessment Program until the end of FY 2017.

75 23 Sec. 54. REVIEW OF ALTERNATIVE ASSESSMENT  
 75 24 METHODOLOGY. The department of human services shall  
 75 25 explore alternative hospital health care access assessment  
 75 26 methodologies and shall make recommendations to the governor  
 75 27 and the general assembly by December 15, 2016, regarding  
 75 28 continuation of the hospital health care access assessment  
 75 29 program beyond July 1, 2017, and an alternative assessment  
 75 30 methodology. Any continuation of the program and assessment  
 75 31 methodology shall meet all of the following guidelines:

Requires the DHS to explore alternatives to the current hospital assessment methodology and make recommendations to the Governor and the General Assembly by December 15, 2016. This section of the Act sets guidelines that the new methodology must meet.

75 32 1. All funds generated by the assessment shall be returned  
 75 33 to participating hospitals in the form of higher Medicaid  
 75 34 payments, with the exception of \$3,800,000 which shall be used  
 75 35 to supplement the medical assistance appropriation.

VETOED: The Governor vetoed this section and stated it limits the DHS ability to review all alternative assessment methodologies for the hospital health care access assessment.

75 36 2. Continuation of the program and any new assessment  
 75 37 methodology shall be subject to any required federal approval.

75 38 3. Any new assessment methodology shall minimize the  
 75 39 negative financial impact on participating hospitals to the  
 76 1 greatest extent possible.

76 2 4. Any new assessment methodology shall result in at  
 76 3 least the same if not a greater aggregate financial benefit  
 76 4 to participating hospitals compared with the benefit existing  
 76 5 under the program prior to July 1, 2016.

76 6 5. Only participating hospitals subject to imposition  
 76 7 of the assessment shall receive a financial return from the  
 76 8 program.

76 9 6. Any continuation of the program shall include a means  
 76 10 of tracking the financial return to individual participating  
 76 11 hospitals.

76 12 7. Any quality metrics utilized by the program, if  
 76 13 continued, shall align with similar metrics being used under  
 76 14 Medicare and the state innovation model initiative process.

76 15 8. Any new assessment methodology shall incorporate a  
 76 16 recognition of the increased costs attributable to care and  
 76 17 services such as inpatient psychiatric care, rehabilitation  
 76 18 services, and neonatal intensive care units.

76 19 9. Any continuation of the program shall include oversight

76 20 and review by the hospital health care access trust fund board  
76 21 created in section 249M.4.

76 22 Sec. 55. EFFECTIVE UPON ENACTMENT. This division of this  
76 23 Act, being deemed of immediate importance, takes effect upon  
76 24 enactment.

76 25 Sec. 56. RETROACTIVE APPLICABILITY. The section of this  
76 26 division of this Act amending section 249M.5, Code 2016, is  
76 27 retroactively applicable to June 30, 2016.

76 28 DIVISION XII  
76 29 AUTISM SUPPORT PROGRAM

76 30 Sec. 57. Section 135.181, subsections 1 and 2, Code 2016,  
76 31 are amended to read as follows:

76 32 1. The department shall establish a board-certified  
76 33 behavior analyst and board-certified assistant behavior  
76 34 analyst grants program to provide grants to Iowa resident and  
76 35 nonresident applicants who have been accepted for admission  
76 36 or are attending a ~~board of regents~~ university, community  
76 37 college, or an accredited private institution, within or  
76 38 outside the state of Iowa, are enrolled in a program that is  
76 39 accredited and meets coursework requirements to prepare the  
77 1 applicant to be eligible for board certification as a behavior  
77 2 analyst or assistant behavior analyst, and demonstrate  
77 3 financial need. Priority in the awarding of a grant shall be  
77 4 given to applicants who are residents of Iowa.  
77 5 2. The department, in cooperation with the department  
77 6 of education, shall adopt rules pursuant to chapter 17A to  
77 7 establish minimum standards for applicants to be eligible for  
77 8 a grant that address all of the following:

77 9 a. Eligibility requirements for and qualifications of  
77 10 an applicant to receive a grant. The applicant shall agree  
77 11 to practice in the state of Iowa for a period of time, not  
77 12 to exceed four years, as specified in the contract entered  
77 13 into between the applicant and the department at the time the  
77 14 grant is awarded. In addition, the applicant shall agree, as  
77 15 specified in the contract, that during the contract period,  
77 16 the applicant will assist in supervising an individual working  
77 17 toward board certification as a behavior analyst or assistant  
77 18 behavior analyst or to consult with schools and service  
77 19 providers that provide services and supports to individuals  
77 20 with autism.

77 21 b. The application process for the grant.

77 22 c. Criteria for preference in awarding of the grants.

The section relating to the repeal of the Hospital Health Care Access Provider Assessment is effective on enactment and retroactive to June 30, 2016.

CODE: Amends the Board-Certified Behavior Analyst and Board-Certified Assistant Behavior Analyst Grant Program.

CODE: Expands the Grant Program to any accredited university, community college, or accredited private institution within or outside the State of Iowa.

CODE: Requires the applicant to agree to practice in Iowa for no more than four years as specified by the contract between the applicant and DPH. Also requires the applicant to agree to supervise an individual working towards board certification or consult with schools and service providers.

CODE: Requires priority for Iowa residents for the grants.

77 23 Priority in the awarding of a grant shall be given to  
 77 24 applicants who are residents of Iowa.

77 25 d. Determination of the amount of a grant. The amount  
 77 26 of funding awarded to each applicant shall be based on the  
 77 27 applicant's enrollment status, the number of applicants, and  
 77 28 the total amount of available funds. The total amount of  
 77 29 funds awarded to an individual applicant shall not exceed  
 77 30 fifty percent of the total costs attributable to program  
 77 31 tuition and fees, annually.

CODE: Limits awards based on enrollment status, number of applicants, and the total amount of funds. Awards cannot be greater than 50.00% of the program tuition and fees.

77 32 e. Use of the funds awarded. Funds awarded may be used  
 77 33 to offset the costs attributable to tuition and fees for the  
 77 34 accredited behavior analyst or assistant behavior analyst  
 77 35 program.

CODE: Funds may only be used for tuition and fees.

77 36 Sec. 58. Section 135.181, Code 2016, is amended by adding  
 77 37 the following new subsection:  
 77 38 NEW SUBSECTION 4. The department shall submit a report  
 77 39 to the governor and the general assembly no later than January  
 78 1 1, annually, that includes but is not limited to all of the  
 78 2 following:  
 78 3 a. The number of applications received for the immediately  
 78 4 preceding fiscal year.  
 78 5 b. The number of applications approved and the total amount  
 78 6 of funding awarded in grants in the immediately preceding  
 78 7 fiscal year.  
 78 8 c. The cost of administering the program in the immediately  
 78 9 preceding fiscal year.  
 78 10 d. Recommendations for any changes to the program.

CODE: Requires the DPH to submit a report by January 1, annually, that covers the number of applications received, the number of applications approved, the total funding awards, the costs of administering the program, and any recommended changes.

78 11 Sec. 59. Section 225D.1, subsection 8, Code 2016, is  
 78 12 amended to read as follows:  
 78 13 8. "Eligible individual" means a child less than ~~nine~~  
 78 14 fourteen years of age who has been diagnosed with autism  
 78 15 based on a diagnostic assessment of autism, is not otherwise  
 78 16 eligible for coverage for applied behavioral analysis  
 78 17 treatment under the medical assistance program, section  
 78 18 514C.28, or private insurance coverage, and whose household  
 78 19 income does not exceed ~~four~~ five hundred percent of the  
 78 20 federal poverty level.  
 78 21 Sec. 60. Section 225D.2, subsection 2, paragraphs c and d,  
 78 22 Code 2016, are amended to read as follows:  
 78 23 c. Notwithstanding the age limitation for an eligible  
 78 24 individual, a provision that if an eligible individual reaches  
 78 25 ~~nine~~ fourteen years of age prior to completion of the maximum  
 78 26 applied behavioral analysis treatment period specified in  
 78 27 paragraph "b", the individual may complete such treatment in

CODE: Expands eligibility from nine to fourteen years of age and from 400.00% to 500.00% of the federal poverty level for the Autism Support Program. The maximum cost sharing is also increased from 10.00% to 15.00%.

DETAIL: The federal poverty level for a family of four is \$121,500 at 500.00%.

78 28 accordance with the individual's treatment plan, not to exceed  
 78 29 the maximum treatment period.  
 78 30 d. A graduated schedule for cost-sharing by an eligible  
 78 31 individual based on a percentage of the total benefit amount  
 78 32 expended for the eligible individual, annually. Cost-sharing  
 78 33 shall be applicable to eligible individuals with household  
 78 34 incomes at or above two hundred percent of the federal poverty  
 78 35 level in incrementally increased amounts up to a maximum of  
 78 36 ~~ten~~ fifteen percent. The rules shall provide a financial  
 78 37 hardship exemption from payment of the cost-sharing based on  
 78 38 criteria established by rule of the department.

78 39 Sec. 61. AUTISM SUPPORT FUND — TRANSFER.  
 79 1 Notwithstanding section 225D.2, moneys credited to the autism  
 79 2 support fund that remain unexpended or unobligated at the  
 79 3 close of the fiscal year beginning July 1, 2015, shall be  
 79 4 transferred to the appropriation in this Act for medical  
 79 5 contracts to be used for the purpose of that appropriation for  
 79 6 the succeeding fiscal year.

Specifies that any funds remaining in the Autism Services Fund at the end of FY 2016 shall be used to fund Medical Contracts in FY 2017.

DETAIL: It is estimated there will be \$1,268,000 available.

79 7 Sec. 62. EFFECTIVE DATE. The section of this division  
 79 8 of this Act providing for transfer of moneys in the autism  
 79 9 support fund that remain unexpended or unobligated at the  
 79 10 close of the fiscal year beginning July 1, 2015, being deemed  
 79 11 of immediate importance, takes effect upon enactment.

The section related to the Autism Support Program Carryforward is effective on enactment and retroactive to July 1, 2015.

79 12 Sec. 63. RETROACTIVE APPLICABILITY. The section of this  
 79 13 division of this Act providing for transfer of moneys in the  
 79 14 autism support fund that remain unexpended or unobligated  
 79 15 at the close of the fiscal year beginning July 1, 2015, is  
 79 16 retroactively applicable to July 1, 2015.

79 17 DIVISION XIII  
 79 18 CHILDREN'S MENTAL HEALTH AND WELL-BEING  
 79 19 Sec. 64. CHILDREN'S MENTAL HEALTH CRISIS SERVICES —  
 79 20 PLANNING GRANTS.

79 21 1. The department of human services shall establish  
 79 22 a request for proposals process, in cooperation with the  
 79 23 departments of public health and education and the judicial  
 79 24 branch, which shall be based upon recommendations for  
 79 25 children's mental health crisis services described in the  
 79 26 children's mental health and well-being workgroup final report  
 79 27 submitted to the department on December 15, 2015.

Directs the DHS, in cooperation with the Department of Public Health and the Department of Education, to establish a Request for Proposals (RFP) process for the purpose of contracting for two planning grants for the development and implementation of children's mental health crisis services.

79 28 2. Planning grants shall be awarded to two lead entities.  
 79 29 Each lead entity should be a member of a specifically  
 79 30 designated coalition of three to four other entities that  
 79 31 propose to serve different geographically defined areas of

Defines parameters and restrictions for awarding planning grants. Planning grants will be awarded to two lead entities serving geographically defined areas of the state. These lead entities cannot be one of the mental health and disability services regions.

79 32 the state, but a lead entity shall not be a mental health and  
79 33 disability services region.

79 34 3. The request for proposals shall require each grantee to  
79 35 develop a plan for children's mental health crisis services  
79 36 for the grantee's defined geographic area that includes all  
79 37 of the following:

79 38 a. Identification of the existing children's mental health  
79 39 crisis services in the defined area.

80 1 b. Identification of gaps in children's mental health  
80 2 crisis services in the defined area.

80 3 c. A plan for collection of data that demonstrates the  
80 4 effects of children's mental health crisis services through  
80 5 the collection of outcome data and surveys of the children  
80 6 affected and their families.

80 7 d. A method for using federal, state, and other funding  
80 8 including funding currently available, to implement and  
80 9 support children's mental health crisis services.

80 10 e. Utilization of collaborative processes developed from  
80 11 the recommendations from the children's mental health and  
80 12 well-being workgroup final report submitted to the department  
80 13 on December 15, 2015.

80 14 f. A recommendation for any additional state funding  
80 15 needed to establish a children's mental health crisis service  
80 16 system in the defined area.

80 17 g. A recommendation for statewide standard requirements  
80 18 for children's mental health crisis services, as defined in  
80 19 the children's mental health and well-being workgroup final  
80 20 report submitted to the department of human services on  
80 21 December 15, 2015, including but not limited to all of the  
80 22 following:

80 23 (1) Standardized primary care practitioner screenings.

80 24 (2) Standardized mental health crisis screenings.

80 25 (3) Standardized mental health and substance use disorder  
80 26 assessments.

80 27 (4) Requirements for certain inpatient psychiatric  
80 28 hospitals and psychiatric medical institutions for children  
80 29 to accept and treat all children regardless of the acuity of  
80 30 their condition.

80 31 4. Each grantee shall submit a report to the department  
80 32 by December 15, 2016. The department shall combine the  
80 33 essentials of each report and shall submit a report to  
80 34 the general assembly by January 15, 2017, regarding the  
80 35 department's conclusions and recommendations.

80 36 Sec. 65. CHILDREN'S WELL-BEING LEARNING LABS. The  
80 37 department of human services, utilizing existing departmental

The Request for Proposals process requires planning grant awardees to develop a plan for children's mental health crisis services within a defined area that meets specified criteria.

Directs the DHS to compile reports from each children's mental health crisis services planning grant awardee and submit a full legislative report, including conclusions and recommendations, to the General Assembly by January 15, 2017.

Directs the DHS to study and collect data on existing children's programs across the state that address well-being for children with



80 38 resources and with the continued assistance of a private child  
 80 39 welfare foundation focused on improving child well-being,  
 81 1 shall study and collect data on emerging, collaborative  
 81 2 efforts in existing programs engaged in addressing well-being  
 81 3 for children with complex needs and their families in  
 81 4 communities across the state. The department shall establish  
 81 5 guidelines based upon recommendations in the children's mental  
 81 6 health and well-being workgroup final report submitted to  
 81 7 the department on December 15, 2015, to select three to five  
 81 8 such programs to be designated learning labs to enable the  
 81 9 department to engage in a multi-site learning process during  
 81 10 the 2016 calendar year with a goal of creating an expansive  
 81 11 structured learning network. The department shall submit  
 81 12 a report with recommendations including lessons learned,  
 81 13 suggested program design refinements, and implications for  
 81 14 funding, policy changes, and best practices to the general  
 81 15 assembly by January 15, 2017.

complex needs and their families. The DHS is to select three to five existing programs to serve as designated learning labs. The DHS shall submit a report on existing programs engaged in addressing the well-being of children with complex needs and their families, including lessons learned, policy changes, best practices, implications for funding and recommendations. The report is due to the General Assembly by January 15, 2017.

81 16 Sec. 66. DEPARTMENT OF HUMAN SERVICES — ADDITIONAL  
 81 17 STUDY REPORTS. The department of human services shall, in  
 81 18 consultation with the department of public health, the mental  
 81 19 health and disability services commission, and the mental  
 81 20 health planning council, submit a report with recommendations  
 81 21 to the general assembly by December 15, 2016, regarding all of  
 81 22 the following:

Directs the DHS, in consultation with the DPH, the Mental Health and Disability Services Commission, and the Mental Health Planning Council, to submit a legislative report with recommendations for a statewide children's mental health crisis service system, including current children's mental health crisis service systems and children's mental health crisis service system telephone lines, as well as a children's mental health public education and awareness campaign. The report is due to the General Assembly by December 15, 2016.

81 23 1. The creation and implementation of a statewide  
 81 24 children's mental health crisis service system to include  
 81 25 but not be limited to an inventory of all current children's  
 81 26 mental health crisis service systems in the state including  
 81 27 children's mental health crisis service system telephone  
 81 28 lines. The report shall include recommendations regarding  
 81 29 proposed changes to improve the effectiveness of and access to  
 81 30 children's mental health crisis services.

81 31 2. The development and implementation of a children's  
 81 32 mental health public education and awareness campaign that  
 81 33 targets the reduction of stigma for children with mental  
 81 34 illness and that supports children with mental illness and  
 81 35 their families in seeking effective treatment. The plan shall  
 81 36 include potential methods for funding such a campaign.

81 37 Sec. 67. CHILDREN'S MENTAL HEALTH AND WELL-BEING ADVISORY  
 81 38 COMMITTEE. The department of human services shall create and  
 81 39 provide support to a children's mental health and well-being  
 82 1 advisory committee to continue the coordinated efforts of  
 82 2 the children's mental health subcommittee and the children's  
 82 3 well-being subcommittee of the children's mental health  
 82 4 and well-being workgroup. Consideration shall be given to  
 82 5 continued service by members of the children's mental health

Creates the Children's Mental Health and Well-Being Advisory Committee to continue the efforts of the Children's Mental Health and Well-Being Workgroup. The advisory committee will select the three to five learning labs and guide the implementation of the Workgroup's recommendations.

82 6 and well-being workgroup created pursuant to 2015 Iowa Acts,  
82 7 ch.137, and representatives from the departments of human  
82 8 services, public health, and education; the judicial branch;  
82 9 and other appropriate stakeholders designated by the director.  
82 10 The advisory committee shall do all of the following:  
82 11 1. Provide guidance regarding implementation of the  
82 12 recommendations in the children's mental health and well-being  
82 13 workgroup final report submitted to the department on December  
82 14 15, 2015, and subsequent reports required by this Act.  
82 15 2. Select and study additional children's well-being  
82 16 learning labs to assure a continued commitment to joint  
82 17 learning and comparison for all learning lab sites.

82 18 DIVISION XIV  
82 19 OPIOID ANTAGONIST REVISION

82 20 Sec. 68. Section 135.190, subsection 1, as enacted by 2016  
82 21 Iowa Acts, Senate File 2218, section 1, is amended by adding  
82 22 the following new paragraph:  
82 23 NEW PARAGRAPH 0a. "Licensed health care professional"  
82 24 means the same as defined in section 280.16.

CODE: Amends SF 2218 (FY 2016 Opioid Antagonist Authorization Act).

82 25 Sec. 69. Section 135.190, as enacted by 2016 Iowa Acts,  
82 26 Senate File 2218, section 1, is amended by adding the  
82 27 following new subsections:  
82 28 NEW SUBSECTION 1A. a. Notwithstanding any other  
82 29 provision of law to the contrary, a licensed health care  
82 30 professional may prescribe an opioid antagonist to a person  
82 31 in a position to assist.

CODE: Clarifies a person in position to assist may be prescribed an opioid antagonist from a licensed health care professional.

82 32 b. (1) Notwithstanding any other provision of law to the  
82 33 contrary, a pharmacist licensed under chapter 155A may, by  
82 34 standing order or through collaborative agreement, dispense,  
82 35 furnish, or otherwise provide an opioid antagonist to a person  
82 36 in a position to assist.

CODE: Allows a licensed pharmacist to prescribe an opioid antagonist to a person in position to assist under a standing order or collaborative agreement. Requires the pharmacist to provide instructions to the recipient. Permits the DPH to adopt rules to administer this section.

82 37 (2) A pharmacist who dispenses, furnishes, or otherwise  
82 38 provides an opioid antagonist pursuant to a valid  
82 39 prescription, standing order, or collaborative agreement shall  
83 1 provide instruction to the recipient in accordance with any  
83 2 protocols and instructions developed by the department under  
83 3 this section.  
83 4 NEW SUBSECTION 4. The department may adopt rules pursuant  
83 5 to chapter 17A to implement and administer this section.

83 6 Sec. 70. Section 135.190, subsection 3, as enacted by 2016  
83 7 Iowa Acts, Senate File 2218, section 1, is amended to read as  
83 8 follows:  
83 9 3. A person in a position to assist or a prescriber of an

CODE: Adds a prescriber of an opioid antagonist to those covered by liability coverage.

83 10 opioid antagonist who has acted reasonably and in good faith  
83 11 shall not be liable for any injury arising from the provision,  
83 12 administration, or assistance in the administration of an  
83 13 opioid antagonist as provided in this section.

83 14 Sec. 71. Section 147A.18, subsections 1 and 5, as enacted  
83 15 by 2016 Iowa Acts, Senate File 2218, section 3, are amended to  
83 16 read as follows:

83 17 1. a. Notwithstanding any other provision of law to the  
83 18 contrary, a licensed health care professional may prescribe  
83 19 an opioid antagonist in the name of a service program, law  
83 20 enforcement agency, or fire department to be maintained for  
83 21 use as provided in this section.

83 22 b. (1) Notwithstanding any other provision of law to the  
83 23 contrary, a pharmacist licensed under chapter 155A may, by  
83 24 standing order or through collaborative agreement, dispense,  
83 25 furnish, or otherwise provide an opioid antagonist in the  
83 26 name of a service program, law enforcement agency, or fire  
83 27 department to be maintained for use as provided in this  
83 28 section.

83 29 (2) A pharmacist who dispenses, furnishes, or otherwise  
83 30 provides an opioid antagonist pursuant to a valid  
83 31 prescription, standing order, or collaborative agreement shall  
83 32 provide instruction to the recipient in accordance with the  
83 33 protocols and instructions developed by the department under  
83 34 this section.

83 35 5. The department ~~shall~~ may adopt rules pursuant to chapter  
83 36 17A to implement and administer this section, ~~including but~~  
83 37 ~~not limited to standards and procedures for the prescription,~~  
83 38 ~~distribution, storage, replacement, and administration of~~  
83 39 ~~opioid antagonists, and for the training and authorization~~  
84 1 ~~to be required for first responders to administer an opioid~~  
84 2 ~~antagonist.~~

84 3 Sec. 72. OPIOID ANTAGONIST IMPLEMENTATION  
84 4 CONTINGENCY. 2016 Iowa Acts, Senate File 2218, section  
84 5 4, is repealed.

84 6 Sec. 73. 2016 Iowa Acts, Senate File 2218, as enacted, is  
84 7 amended by adding the following new section:  
84 8 NEW SECTION SEC. \_\_\_\_ EFFECTIVE UPON ENACTMENT. This  
84 9 Act, being deemed of immediate importance, takes effect upon  
84 10 enactment.

84 11 Sec. 74. EFFECTIVE DATE. This division of this Act, being  
84 12 deemed of immediate importance, takes effect upon enactment.

84 13 Sec. 75. RETROACTIVE APPLICABILITY. This division of this  
84 14 Act applies retroactively to April 6, 2016.

CODE: Allows a licensed health care professional or pharmacist to prescribe an opioid antagonist to a trauma service program, law enforcement agency, or fire department under a standing order or collaborative agreement.

CODE: Permits, rather than requires, DPH to adopt rules to administer the Opioid Antagonist Authorization Act.

Strikes the section that implements the Act on the contingency of funding availability.

CODE: Adds that SF 2218 is effective upon enactment and the division of this Act is retroactive to April 6, 2016.

84 15 DIVISION XV  
84 16 NURSING GRANT PROGRAMS

84 17 Sec. 76. Section 135.178, Code 2016, is amended to read as  
84 18 follows:

84 19 135.178 NURSE RESIDENCY STATE MATCHING GRANTS PROGRAM ———  
84 20 ~~REPEAL~~ .

84 21 ~~1.~~ The department shall establish a nurse residency state  
84 22 matching grants program to provide matching state funding  
84 23 to sponsors of nurse residency programs in this state to  
84 24 establish, expand, or support nurse residency programs that  
84 25 meet standards adopted by rule of the department. Funding for  
84 26 the program may be provided through the health care workforce  
84 27 shortage fund or the nurse residency state matching grants  
84 28 program account created in section 135.175. The department,  
84 29 in cooperation with the Iowa board of nursing, the department  
84 30 of education, Iowa institutions of higher education with board  
84 31 of nursing-approved programs to educate nurses, and the Iowa  
84 32 nurses association, shall adopt rules pursuant to chapter 17A  
84 33 to establish minimum standards for nurse residency programs  
84 34 to be eligible for a matching grant that address all of the  
84 35 following:

84 36 ~~a.~~ 1. Eligibility requirements for and qualifications of  
84 37 a sponsor of a nurse residency program to receive a grant,  
84 38 including that the program includes both rural and urban  
84 39 components.  
85 1 ~~b.~~ 2. The application process for the grant.  
85 2 ~~c.~~ 3. Criteria for preference in awarding of the grants.  
85 3 ~~d.~~ 4. Determination of the amount of a grant.  
85 4 ~~e.~~ 5. Use of the funds awarded. Funds may be used to pay  
85 5 the costs of establishing, expanding, or supporting a nurse  
85 6 residency program as specified in this section, including but  
85 7 not limited to the costs associated with residency stipends  
85 8 and nursing faculty stipends.

85 9 ~~2. This section is repealed June 30, 2016.~~

85 10 Sec. 77. Section 261.129, Code 2016, is amended to read as  
85 11 follows:

85 12 261.129 IOWA NEEDS NURSES NOW INITIATIVE ———~~REPEAL~~ .

85 13 1. Nurse educator incentive payment program.

85 14 a. The commission shall establish a nurse educator  
85 15 incentive payment program. Funding for the program may  
85 16 be provided through the health care workforce shortage  
85 17 fund or the health care professional and Iowa needs nurses  
85 18 now initiative account created in section 135.175. For  
85 19 the purposes of this subsection, "nurse educator" means a  
85 20 registered nurse who holds a master's degree or doctorate  
85 21 degree and is employed as a faculty member who teaches nursing

CODE: This division eliminates the sunset date for the Nurse Residency State Matching Grant Program in the Department of Public Health and the Iowa Needs Nurses Now Program in the College Student Aid Commission.

DETAIL: These Programs were created by SF 389 (FY 2010 Health Care Omnibus Act) and SF 2384 (FY 2011 Nurse Workforce Initiative Act). No funding has ever been provided to implement these Programs.

85 22 in a nursing education program as provided in 655 IAC 2.6 at a  
85 23 community college, an accredited private institution, or an  
85 24 institution of higher education governed by the state board  
85 25 of regents.

85 26 b. The program shall consist of incentive payments to  
85 27 recruit and retain nurse educators. The program shall provide  
85 28 for incentive payments of up to twenty thousand dollars for a  
85 29 nurse educator who remains teaching in a qualifying teaching  
85 30 position for a period of not less than four consecutive  
85 31 academic years.

85 32 c. The nurse educator and the commission shall enter  
85 33 into an agreement specifying the obligations of the nurse  
85 34 educator and the commission. If the nurse educator leaves  
85 35 the qualifying teaching position prior to teaching for four  
85 36 consecutive academic years, the nurse educator shall be liable  
85 37 to repay the incentive payment amount to the state, plus  
85 38 interest as specified by rule. However, if the nurse educator  
85 39 leaves the qualifying teaching position involuntarily, the  
86 1 nurse educator shall be liable to repay only a pro rata  
86 2 amount of the incentive payment based on incompleting years of  
86 3 service.

86 4 d. The commission, in consultation with the department  
86 5 of public health, the board of nursing, the department of  
86 6 education, and the Iowa nurses association, shall adopt  
86 7 rules pursuant to chapter 17A relating to the establishment  
86 8 and administration of the nurse educator incentive payment  
86 9 program. The rules shall include provisions specifying what  
86 10 constitutes a qualifying teaching position.

86 11 2. Nursing faculty fellowship program.

86 12 a. The commission shall establish a nursing faculty  
86 13 fellowship program to provide funds to nursing schools in  
86 14 the state, including but not limited to nursing schools  
86 15 located at community colleges, for fellowships for individuals  
86 16 employed in qualifying positions on the nursing faculty.  
86 17 Funding for the program may be provided through the health  
86 18 care workforce shortage fund or the health care professional  
86 19 and the Iowa needs nurses now initiative account created in  
86 20 section 135.175. The program shall be designed to assist  
86 21 nursing schools in filling vacancies in qualifying positions  
86 22 throughout the state.

86 23 b. The commission, in consultation with the department  
86 24 of public health, the board of nursing, the department of  
86 25 education, and the Iowa nurses association, and in cooperation  
86 26 with nursing schools throughout the state, shall develop a  
86 27 distribution formula which shall provide that no more than  
86 28 thirty percent of the available moneys are awarded to a single  
86 29 nursing school. Additionally, the program shall limit funding  
86 30 for a qualifying position in a nursing school to no more than

86 31 ten thousand dollars per year for up to three years.

86 32 c. The commission, in consultation with the department  
86 33 of public health, the board of nursing, the department of  
86 34 education, and the Iowa nurses association, shall adopt  
86 35 rules pursuant to chapter 17A to administer the program. The  
86 36 rules shall include provisions specifying what constitutes a  
86 37 qualifying position at a nursing school.

86 38 d. In determining eligibility for a fellowship, the  
86 39 commission shall consider all of the following:

87 1 (1) The length of time a qualifying position has gone  
87 2 unfilled at a nursing school.

87 3 (2) Documented recruiting efforts by a nursing school.

87 4 (3) The geographic location of a nursing school.

87 5 (4) The type of nursing program offered at the nursing  
87 6 school, including associate, bachelor's, master's, or doctoral  
87 7 degrees in nursing, and the need for the specific nursing  
87 8 program in the state.

87 9 3. Nurse educator scholarship program.

87 10 a. The commission shall establish a nurse educator  
87 11 scholarship program. Funding for the program may be provided  
87 12 through the health care workforce shortage fund or the health  
87 13 care professional and the Iowa needs nurses now initiative  
87 14 account created in section 135.175. The goal of the nurse  
87 15 educator scholarship program is to address the waiting list of  
87 16 qualified applicants to Iowa's nursing schools by providing  
87 17 incentives for the training of additional nursing educators.  
87 18 For the purposes of this subsection, "nurse educator" means  
87 19 a registered nurse who holds a master's degree or doctorate  
87 20 degree and is employed as a faculty member who teaches nursing  
87 21 in a nursing education program as provided in 655 IAC 2.6 at a  
87 22 community college, an accredited private institution, or an  
87 23 institution of higher education governed by the state board  
87 24 of regents.

87 25 b. The program shall consist of scholarships to further  
87 26 advance the education of nurses to become nurse educators.  
87 27 The program shall provide for scholarship payments in an  
87 28 amount established by rule for students who are preparing to  
87 29 teach in qualifying teaching positions.

87 30 c. The commission, in consultation with the department  
87 31 of public health, the board of nursing, the department of  
87 32 education, and the Iowa nurses association, shall adopt rules  
87 33 pursuant to chapter 17A relating to the establishment and  
87 34 administration of the nurse educator scholarship program. The  
87 35 rules shall include provisions specifying what constitutes  
87 36 a qualifying teaching position and the amount of any  
87 37 scholarship.

87 38 4. Nurse educator scholarship-in-exchange-for-service  
87 39 program.

88 1 a. The commission shall establish a nurse educator  
88 2 scholarship-in-exchange-for-service program. Funding for the  
88 3 program may be provided through the health care workforce  
88 4 shortage fund or the health care professional and Iowa needs  
88 5 nurses now initiative account created in section 135.175. The  
88 6 goal of the nurse educator scholarship-in-exchange-for-service  
88 7 program is to address the waiting list of qualified applicants  
88 8 to Iowa's nursing schools by providing incentives for the  
88 9 education of additional nursing educators. For the purposes  
88 10 of this subsection, "nurse educator" means a registered  
88 11 nurse who holds a master's degree or doctorate degree and is  
88 12 employed as a faculty member who teaches nursing in a nursing  
88 13 education program as provided in 655 IAC 2.6 at a community  
88 14 college, an accredited private institution, or an institution  
88 15 of higher education governed by the state board of regents.

88 16 b. The program shall consist of scholarships to  
88 17 further advance the education of nurses to become  
88 18 nurse educators. The program shall provide for  
88 19 scholarship-in-exchange-for-service payments in an amount  
88 20 established by rule for students who are preparing to teach in  
88 21 qualifying teaching positions for a period of not less than  
88 22 four consecutive academic years.

88 23 c. The scholarship-in-exchange-for-service recipient  
88 24 and the commission shall enter into an agreement specifying  
88 25 the obligations of the applicant and the commission.  
88 26 If the nurse educator leaves the qualifying teaching  
88 27 position prior to teaching for four consecutive academic  
88 28 years, the nurse educator shall be liable to repay the  
88 29 scholarship-in-exchange-for-service amount to the state plus  
88 30 interest as specified by rule. However, if the nurse educator  
88 31 leaves the qualified teaching position involuntarily, the  
88 32 nurse educator shall be liable to repay only a pro rata amount  
88 33 of the scholarship based on incomplete years of service.

88 34 d. The receipt of a nurse educator  
88 35 scholarship-in-exchange-for-service shall not impact  
88 36 eligibility of an individual for other financial incentives  
88 37 including but not limited to loan forgiveness programs.

88 38 e. The commission, in consultation with the department  
88 39 of public health, the board of nursing, the department  
89 1 of education, and the Iowa nurses association, shall  
89 2 adopt rules pursuant to chapter 17A relating to the  
89 3 establishment and administration of the nurse educator  
89 4 scholarship-in-exchange-for-service program. The rules  
89 5 shall include the provisions specifying what constitutes  
89 6 a qualifying teaching position and the amount of any  
89 7 scholarship-in-exchange-for-service.

89 8 ~~5. REPEAL. This section is repealed June 30, 2016.~~

89 9 Sec. 78. EFFECTIVE UPON ENACTMENT. This division of this  
 89 10 Act, being deemed of immediate importance, takes effect upon  
 89 11 enactment.  
 89 12 Sec. 79. RETROACTIVE APPLICABILITY. This division of this  
 89 13 Act is retroactively applicable to June 30, 2016.

This Division is effective on enactment and applies retroactively to June 30, 2016.

89 14 DIVISION XVI  
 89 15 NON-STATE GOVERNMENT-OWNED NURSING FACILITY UPPER PAYMENT  
 89 16 LIMIT SUPPLEMENTAL PAYMENT PROGRAM

Division XVI creates the Nursing Facility Supplemental Payment Program. The Program, if approved by the Centers for Medicare and Medicaid Services (CMS), will allow non-state-owned nursing facilities to partner with county hospitals by turning over their license to the hospital, enabling both to take advantage of the higher hospital-based Medicaid reimbursement rate for nursing facilities. Additional federal funds received from the transaction would be split between the nursing home and the hospital based on an agreement, and the state matching funds would be provided by the county hospital.

DETAIL: There are currently three states that take advantage of this sort of Intergovernmental Transfer (IGT).

FISCAL IMPACT: This Division has no fiscal impact to the state. The Iowa Healthcare Association estimates that the Program could draw an additional \$206.4 million in federal funds for non-state-owned nursing facilities and hospitals, depending on the number of hospitals and nursing facilities that decide to partner and take advantage of this Program. The Program would require increased administration by DHS, but it is assumed that increased administration would be funded by revenues generated by the Program.

89 17 Sec. 80. Section 249L.2, Code 2016, is amended by adding  
 89 18 the following new subsections:  
 89 19 NEW SUBSECTION 5A. "Non-state governmental entity" means  
 89 20 a hospital authority, hospital district, health care district,  
 89 21 city, or county.  
 89 22 NEW SUBSECTION 5B. "Non-state government-owned nursing  
 89 23 facility" means a nursing facility owned or operated by  
 89 24 a non-state governmental entity for which a non-state  
 89 25 governmental entity holds the nursing facility's license and  
 89 26 is party to the nursing facility's Medicaid contract.

Defines non-state governmental entity and non-state government-owned nursing facility.

89 27 Sec. 81. Section 249L.2, subsection 6, Code 2016, is  
 89 28 amended to read as follows:  
 89 29 6. "Nursing facility" means a licensed nursing facility as  
 89 30 defined in section 135C.1 that is a freestanding facility or  
 89 31 a nursing facility operated by a hospital licensed pursuant  
 89 32 to chapter 135B, but does not include a distinct-part skilled  
 89 33 nursing unit or a swing-bed unit operated by a hospital, or  
 89 34 a nursing facility owned by the state or federal government

CODE: Redefines nursing facility to include non-state-owned nursing facilities if the facility is participating in an upper payment limit supplemental payment program.



89 35 or other governmental unit. “Nursing facility” includes a  
 89 36 non-state government-owned nursing facility if the nursing  
 89 37 facility participates in the non-state government-owned  
 89 38 nursing facility upper payment limit supplemental payment  
 89 39 program.

90 1 Sec. 82. NON-STATE GOVERNMENT-OWNED NURSING FACILITY UPPER  
 90 2 PAYMENT LIMIT SUPPLEMENTAL PAYMENT PROGRAM.

90 3 1. The department of human services shall submit, to  
 90 4 the centers for Medicare and Medicaid services (CMS) of the  
 90 5 United States department of health and human services, a  
 90 6 Medicaid state plan amendment to allow qualifying non-state  
 90 7 government-owned nursing facilities to receive a supplemental  
 90 8 payment in accordance with the upper payment limit  
 90 9 requirements pursuant to 42 C.F.R. §447.272. The supplemental  
 90 10 payment shall be in addition to the greater of the Medicaid  
 90 11 fee-for-service per diem reimbursement rate or the per diem  
 90 12 payment established for the nursing facility under a Medicaid  
 90 13 managed care contract.

Requires the DHS to submit a State Plan Amendment to the Centers for Medicare and Medicaid Services (CMS) to allow qualifying non-state-owned nursing facilities to receive a supplemental payment in accordance with upper payment limit requirements.

90 14 2. At a minimum, the Medicaid state plan amendment shall  
 90 15 provide for all of the following:

90 16 a. A non-state governmental entity shall provide the state  
 90 17 share of the expected supplemental payment in the form of an  
 90 18 intergovernmental transfer to the state.

Requires the non-state-owned entity to provide the state share of the expected supplemental payment in the form of an intergovernmental transfer to the state.

90 19 b. The state shall claim federal matching funds and shall  
 90 20 make supplemental payments to eligible non-state governmental  
 90 21 entities based on the supplemental amount as calculated by  
 90 22 the state for each nursing facility for which a non-state  
 90 23 governmental entity owns the nursing facility's license.  
 90 24 A managed care contractor shall not retain any portion of  
 90 25 the supplemental payment, but shall treat the supplemental  
 90 26 payment as a pass through payment to the eligible non-state  
 90 27 governmental entity.

Requires the state to claim federal matching funds and make supplemental payments to eligible non-state-owned entities based on the supplemental amount as calculated by the state for each nursing facility for which a non-state-owned entity owns the nursing facility's license. A managed care contractor cannot retain any portion of the supplemental payment and is to treat the supplemental payment as a pass-through payment to the eligible non-state-owned entity.

90 28 c. The supplemental payment program shall be budget  
 90 29 neutral to the state. No general fund revenue shall  
 90 30 be expended under the program including for costs of  
 90 31 administration. If payments under the program result in  
 90 32 overpayment to a nursing facility, or if CMS disallows federal  
 90 33 participation related to a nursing facility's receipt or  
 90 34 use of supplemental payments authorized under the program,  
 90 35 the state may recoup an amount equivalent to the amount of  
 90 36 supplemental payments overpaid or disallowed. Supplemental  
 90 37 payments shall be subject to any adjustment for payments

Requires the Program to be budget neutral to the state. No General Fund revenue shall be expended under the Program including for costs of administration. Supplemental payments are subject to any adjustment for payments made in error.

90 38 made in error, including but not limited to adjustments made  
 90 39 by state or federal law, and the state may recoup an amount  
 91 1 equivalent to any such adjustment.

91 2 d. A nursing facility participating in the program shall  
 91 3 notify the state of any changes in ownership that may affect  
 91 4 the nursing facility's continued eligibility for the program  
 91 5 within thirty days of any such change.

91 6 e. No portion of the supplemental payment paid to a  
 91 7 participating nursing facility may be used for contingent  
 91 8 fees. Expenditures for development fees, legal fees,  
 91 9 or consulting fees shall not exceed five percent of  
 91 10 the supplemental funds received, annually, and any such  
 91 11 expenditures shall be reported to the department of human  
 91 12 services, and included in the department's annual report  
 91 13 pursuant to subsection 3.

91 14 f. The supplemental payment paid to a participating  
 91 15 nursing facility shall only be used as specified in state and  
 91 16 federal law. Supplemental payments paid to a participating  
 91 17 nursing facility shall only be used as follows:  
 91 18 (1) A portion of the amount received may be used for  
 91 19 nursing facility quality improvement initiatives including  
 91 20 but not limited to educational scholarships and nonmandatory  
 91 21 training. Priority in the awarding of contracts for such  
 91 22 training shall be for Iowa-based organizations.  
 91 23 (2) A portion of the amount received may be used for  
 91 24 nursing facility remodeling or renovation. Priority in the  
 91 25 awarding of contracts for such remodeling or renovations shall  
 91 26 be for Iowa-based organizations and skilled laborers.  
 91 27 (3) A portion of the amount received may be used for health  
 91 28 information technology infrastructure and software. Priority  
 91 29 in the awarding of contracts for such health information  
 91 30 technology infrastructure and software shall be for Iowa-based  
 91 31 organizations.  
 91 32 (4) A portion of the amount received may be used for  
 91 33 endowments to offset costs associated with maintenance of  
 91 34 hospitals licensed under chapter 135B and nursing facilities  
 91 35 licensed under chapter 135C.

91 36 g. A non-state governmental entity shall only be eligible  
 91 37 for supplemental payments attributable to up to 10 percent of  
 91 38 the potential non-state government-owned nursing facilities  
 91 39 licensed in the state.

92 1 3. Following receipt of approval and implementation of the  
 92 2 program, the department shall submit a report to the governor

Requires nursing facilities participating in the Program to notify the state of any changes in ownership that may affect the nursing facility's continued eligibility for the program within 30 days of any such change.

Specifies no portion of the supplemental payment paid to a participating nursing facility may be used for contingent fees. Expenditures for development fees, legal fees, or consulting fees are capped at 5.00% of the supplemental funds received annually, and any such expenditures are required to be reported to the DHS and included in the DHS annual report.

Specifies the supplemental payment can only be used for the following:

- Nursing facility quality improvement initiatives including but not limited to educational scholarships and nonmandatory training.
- Nursing facility remodeling or renovation.
- Health information technology infrastructure and software.
- Endowments to offset costs associated with maintenance of hospitals licensed under Iowa Code chapter [135B](#) and nursing facilities licensed under Iowa Code chapter [135C](#).

Specifies a non-state-owned entity shall only be eligible for supplemental payments attributable to up to 10.00% of the potential non-state-owned nursing facilities licensed in the state.

Requires the DHS to submit a report to the Governor and General Assembly on or before December 15, annually, regarding the details

92 3 and the general assembly, annually, on or before December  
92 4 15, regarding the program. The report shall include, at a  
92 5 minimum, the name and location of participating non-state  
92 6 governmental entities and the non-state government-owned  
92 7 nursing facilities with which the non-state governmental  
92 8 entities have partnered to participate in the program; the  
92 9 amount of the matching funds provided by each non-state  
92 10 governmental entity; the net supplemental payment amount  
92 11 received by each participating non-governmental entity and  
92 12 non-state government-owned nursing facility; and the amount  
92 13 expended for each of the specified categories of approved  
92 14 expenditure.

and usage of the Program as specified by this subsection.

92 15 4. The department of human services shall work  
92 16 collaboratively with representatives of nursing facilities,  
92 17 hospitals, and other affected stakeholders in adopting  
92 18 administrative rules, and in implementing and administering  
92 19 this program.

Requires the DHS to work with nursing facility and hospital representatives to develop rules.

92 20 5. As used in this section:

Defines "non-state governmental entity" and "non-state government-owned nursing facility."

92 21 a. "Non-state governmental entity" means a hospital  
92 22 authority, hospital district, health care district, city, or  
92 23 county.

92 24 b. "Non-state government-owned nursing facility" means a  
92 25 nursing facility owned or operated by a non-state governmental  
92 26 entity for which a non-state governmental entity holds  
92 27 the nursing facility's license and is party to the nursing  
92 28 facility's Medicaid contract.

92 29 Sec. 83. EFFECTIVE UPON ENACTMENT. This division of this  
92 30 Act, being deemed of immediate importance, takes effect upon  
92 31 enactment.

The Division relating to creating a Non-State Government-Owned Nursing Facility Upper Payment Limit Supplemental Payment Program is effective on enactment.

92 32 Sec. 84. IMPLEMENTATION PROVISIONS.

The section amending the definition of nursing facility is contingent on approval by CMS.

92 33 1. The section of this division of this Act directing the  
92 34 department of human services to submit a Medicaid state plan  
92 35 amendment to CMS shall be implemented as soon as possible  
92 36 following enactment, consistent with all applicable federal  
92 37 requirements.

92 38 2. The sections of this division of this Act amending  
92 39 section 249L.2, shall only be implemented upon receipt by  
93 1 the department of human services of approval of the Medicaid  
93 2 state plan amendment by the centers for Medicare and Medicaid  
93 3 services of the United States department of health and human  
93 4 services, and if such approval is received, are applicable no  
93 5 earlier than the first day of the calendar quarter following  
93 6 the date of receipt of such approval.

93 7 DIVISION XVII  
93 8 TRAUMA CARE SYSTEM

93 9 Sec. 85. Section 147A.23, subsection 2, paragraph c, Code  
93 10 2016, is amended to read as follows:

93 11 c. (1) Upon verification and the issuance of a certificate  
93 12 of verification, a hospital or emergency care facility agrees  
93 13 to maintain a level of commitment and resources sufficient to  
93 14 meet responsibilities and standards as required by the trauma  
93 15 care criteria established by rule under this subchapter.  
93 16 Verifications are valid for a period of three years or as  
93 17 determined by the department and are renewable. As part  
93 18 of the verification and renewal process, the department  
93 19 may conduct periodic on-site reviews of the services and  
93 20 facilities of the hospital or emergency care facility.

93 21 (2) Notwithstanding subparagraph (1), the department shall  
93 22 not decrease a level II certificate of verification issued to  
93 23 a trauma care facility by the department on or before July 1,  
93 24 2015, unless the facility subsequently fails to comply with  
93 25 the trauma care criteria established in administrative rules  
93 26 in effect on July 1, 2015.

93 27 Sec. 86. EFFECTIVE UPON ENACTMENT. This division of this  
93 28 Act, being deemed of immediate importance, takes effect upon  
93 29 enactment.

93 30 Sec. 87. RETROACTIVE APPLICABILITY. This division of this  
93 31 Act applies retroactively to June 30, 2015.

93 32 DIVISION XVIII  
93 33 MENTAL HEALTH AND DISABILITY SERVICES REGIONS — FUNDING  
93 34 Sec. 88. MENTAL HEALTH AND DISABILITY SERVICES REGIONS —  
93 35 FUNDING.

93 36 1. There is appropriated from the general fund of the  
93 37 state to the department of human services for the fiscal  
93 38 year beginning July 1, 2016, and ending June 30, 2017, the  
93 39 following amount, or so much thereof as is necessary, to be  
94 1 used for the purpose designated:

94 2 For a grant to a five-county mental health and disability  
94 3 services region with a population of between 290,000 to  
94 4 300,000 as determined by the latest federal decennial census,  
94 5 for the provision of mental health and disability services  
94 6 within the region:

94 7 ..... \$ 500,000

94 8 The moneys appropriated in this subsection are contingent  
94 9 upon the continuation of sustainable service funding  
94 10 relationships between all counties in the region for the  
94 11 fiscal year beginning July 1, 2016, and ending June 30, 2017.

CODE: Grandfathers in any hospital's Trauma Care Service Categorization Level II certificate achieved before July 1, 2015, as long as the hospital continues to meet the requirements existing at that time.

VETOED: The Governor vetoed this Division and stated that it would prevent the DPH and Trauma Systems Advisory Council from effectively carrying out its regulatory obligations to the patients of Iowa's trauma system.

This Division is effective on enactment and applies retroactively to June 30, 2015.

General Fund appropriation to the DHS to be distributed to the Eastern Iowa Mental Health and Disability Services Region.

DETAIL: This is a new appropriation for FY 2017. The funds are intended to help maintain stability in the region and are contingent upon the region signing a memorandum of understanding regarding the use of the money prior to receipt.

94 12 The department and the region shall enter into a memorandum of  
 94 13 understanding regarding the use of the moneys by the region  
 94 14 prior to the region's receipt of moneys under this subsection.

General Fund appropriation to the DHS to be distributed to Polk County Mental Health and Disability Services Region.

DETAIL: This is a new appropriation for FY 2017. Polk County is required to work with DHS on a three-year funding plan for sustainable services.

94 15 2. There is appropriated from the general fund of the  
 94 16 state to the department of human services for the fiscal  
 94 17 year beginning July 1, 2016, and ending June 30, 2017, the  
 94 18 following amount, or so much thereof as is necessary, to be  
 94 19 used for the purpose designated:  
 94 20 For a grant to a single-county mental health and disability  
 94 21 services region with a population of over 350,000 as  
 94 22 determined by the latest federal decennial census, for the  
 94 23 provision of mental health and disability services within the  
 94 24 region:

94 25 ..... \$ 2,500,000

94 26 The department shall work with the region awarded moneys  
 94 27 pursuant to this subsection to a complete a three-year  
 94 28 sustainable cash flow funding plan for the delivery of mental  
 94 29 health and disability services in the region to be submitted  
 94 30 to the department by November 15, 2016. The department and  
 94 31 the region shall enter into a memorandum of understanding  
 94 32 regarding the use of the moneys and detailing the provisions  
 94 33 of the plan prior to the region's receipt of moneys under this  
 94 34 subsection.

Requires the funds appropriated in the section to be distributed within 60 days of the date of signing of a memorandum of understanding between the region and the DHS.

94 35 3. The department shall distribute moneys appropriated  
 94 36 in this section within 60 days of the date of signing of the  
 94 37 memorandum of understanding between the department and each  
 94 38 region.

Specifies funds appropriated in the section are to be used by the regions in a manner that is consistent with each region's services system management plan.

94 39 4. Moneys awarded under this section shall be used by  
 95 1 the regions consistent with each region's service system  
 95 2 management plan as approved by the department.

95 3 DIVISION XIX  
 95 4 MENTAL HEALTH AND DISABILITY SERVICES REDESIGN PROGRESS REPORT

95 5 Sec. 89. MENTAL HEALTH AND DISABILITY SERVICES REDESIGN  
 95 6 PROGRESS REPORT. The department of human services shall  
 95 7 review and report progress on the implementation of the  
 95 8 adult mental health and disability services redesign and  
 95 9 shall identify any challenges faced in achieving the goals  
 95 10 of the redesign. The progress report shall include but  
 95 11 not be limited to information regarding the mental health  
 95 12 and disability services regional service system including  
 95 13 governance, management, and administration; the implementation  
 95 14 of best practices including evidence-based best practices;  
 95 15 the availability of, access to, and provision of initial core

Requires the DHS to review and report the progress of the implementation of the Adult Mental Health and Disability Services System redesign to the Governor and General Assembly by November 15, 2016.

95 16 services and additional core services to and for required core  
 95 17 service populations and additional core service populations;  
 95 18 and the financial stability and fiscal viability of the  
 95 19 redesign. The department shall submit its report with  
 95 20 findings to the governor and the general assembly no later  
 95 21 than November 15, 2016.

95 22 DIVISION XX  
 95 23 REFUGEE RISE AMERICORPS PROGRAM  
 95 24 Sec. 90. Section 15H.5, subsection 5, paragraph a, Code  
 95 25 2016, is amended to read as follows:

95 26 a. Funding for the Iowa summer youth corps program, the  
 95 27 Iowa green corps program established pursuant to section  
 95 28 15H.6, ~~and the Iowa reading corps program established~~  
 95 29 ~~pursuant to section 15H.7, and the RefugeeRISE AmeriCorps~~  
 95 30 ~~program established pursuant to section 15H.8,~~ shall be  
 95 31 obtained from private sector, and local, state, and federal  
 95 32 government sources, or from other available funds credited  
 95 33 to the community programs account, which shall be created  
 95 34 within the economic development authority under the authority  
 95 35 of the commission. Moneys available in the account for a  
 95 36 fiscal year are appropriated to the commission to be used  
 95 37 for the programs. The commission may establish an escrow  
 95 38 account within the authority and obligate moneys within  
 95 39 that escrow account for tuition or program payments to be  
 96 1 made beyond the term of any fiscal year. Notwithstanding  
 96 2 section 12C.7, subsection 2, interest earned on moneys in the  
 96 3 community programs account shall be credited to the account.  
 96 4 Notwithstanding section 8.33, moneys in the community programs  
 96 5 account or escrow account shall not revert to the general fund  
 96 6 but shall remain available for expenditure in future fiscal  
 96 7 years.

96 8 Sec. 91. NEW SECTION 15H.8 REFUGEE RISE AMERICORPS  
 96 9 PROGRAM.

96 10 1. a. The Iowa commission on volunteer service, in  
 96 11 collaboration with the department of human services, shall  
 96 12 establish a Refugee Rebuild, Integrate, Serve, Empower  
 96 13 (RefugeeRISE) AmeriCorps program to increase community  
 96 14 integration and engagement for diverse refugee communities in  
 96 15 rural and urban areas across the state.

96 16 b. The commission, in collaboration with the department  
 96 17 of human services, may adopt rules pursuant to chapter 17A to  
 96 18 implement and administer this section.

96 19 2. The commission may use moneys in and lawfully available  
 96 20 to the community programs account created in section 15H.5 to  
 96 21 fund the program.

CODE: Adds the RefugeeRISE AmeriCorps Program to the Iowa Economic Development Authority's Community Programs Account.

Expands the RefugeeRISE AmeriCorps Program for refugee members to gain work and leadership experience through assisting fellow refugees through community service. The DHS will transfer \$300,000 to the Iowa Economic Development Authority's Iowa Commission on Volunteer Service for the Program. The RefugeeRISE AmeriCorps Program will employ an additional thirty RefugeeRISE AmeriCorps members to be integrated into a minimum of five communities across the state over three years.

The Iowa Commission on Volunteer Service and the DHS may adopt rules to implement and administer the Program.

96 22 3. The commission shall submit an annual report to the  
 96 23 general assembly and the department of human services relating  
 96 24 to the efficacy of the program.

Requires the Iowa Commission on Volunteer Service to submit an annual report, detailing the efficacy of the RefugeeRISE AmeriCorps Program, to the General Assembly and the Department of Human Services.

96 25 DIVISION XXI  
 96 26 MENINGOCOCCAL IMMUNIZATION

96 27 Sec. 92. Section 139A.8, subsection 2, Code 2016, is  
 96 28 amended by adding the following new paragraph:  
 96 29 NEW PARAGRAPH e. A person shall not be enrolled in school  
 96 30 in the seventh grade or twelfth grade in Iowa without evidence  
 96 31 of adequate immunization against meningococcal disease in  
 96 32 accordance with standards approved by the United States public  
 96 33 health service of the United States department of health  
 96 34 and human services for such biological products and is in  
 96 35 accordance with immunization practices recommended by the  
 96 36 advisory committee on immunization practices of the centers  
 96 37 for disease control and prevention.

CODE: Requires that a person enrolling in school in seventh or twelfth grade in Iowa be immunized against meningococcal disease.

96 38 DIVISION XXII  
 96 39 MEDICAID MANAGED CARE OVERSIGHT  
 97 1 REPORTING AND PUBLIC POSTING OF REPORTS — CONSUMER  
 97 2 PROTECTION, OUTCOME ACHIEVEMENT, AND PROGRAM INTEGRITY  
 97 3 INFORMATION

97 4 Sec. 93. DEPARTMENT OF HUMAN SERVICES — REPORTS. The  
 97 5 department of human services shall submit to the chairpersons  
 97 6 and ranking members of the human resources committees of  
 97 7 the senate and the house of representatives and to the  
 97 8 chairpersons and ranking members of the joint appropriations  
 97 9 subcommittee on health and human services, quarterly reports,  
 97 10 and an annual report beginning December 15, 2016, and annually  
 97 11 by December 15, thereafter, regarding Medicaid program  
 97 12 consumer protections, outcome achievement, and program  
 97 13 integrity as specified in this division. The reports shall be  
 97 14 based on and updated to include the most recent information  
 97 15 available. The reports shall include an executive summary  
 97 16 of the information and data compiled, an analysis of the  
 97 17 information and data, and any trends or issues identified  
 97 18 through such analysis, to the extent such information is not  
 97 19 otherwise considered confidential or protected information  
 97 20 pursuant to federal or state law. The joint appropriations  
 97 21 subcommittee on health and human services shall dedicate a  
 97 22 meeting of the subcommittee during the subsequent session of  
 97 23 the general assembly to review the annual report.  
 97 24 1. CONSUMER PROTECTION.

Requires the DHS to submit both quarterly and annual reports to the Chairpersons and Ranking Members of the Human Resources Committees and Health and Human Services Appropriations Subcommittee beginning December 15, 2016. The reports are focused in three areas: consumer protection, outcome achievement, and program integrity. In addition, beginning November 15, the hawk-i Board, Medical Assistance Advisory Council, MH/DS Commission, and Council on Human Services are required to regularly review Medicaid managed care and are to submit annual executive summaries of pertinent information regarding their deliberations during the prior year.

97 25 The general assembly recognizes the need for ongoing review  
97 26 of Medicaid member engagement with and feedback regarding  
97 27 Medicaid managed care. The Iowa high quality health care  
97 28 initiative shall ensure access to medically necessary services  
97 29 and shall ensure that Medicaid members are fully engaged in  
97 30 their own health care in order to achieve overall positive  
97 31 health outcomes. The consumer protection component of the  
97 32 reports submitted as required under this section shall be  
97 33 based on all of the following reports relating to member and  
97 34 provider services:

- 97 35 a. Member enrollment and disenrollment.
- 97 36 b. Member grievances and appeals including all of the  
97 37 following:
  - 97 38 (1) The percentage of grievances and appeals resolved  
97 39 timely.
  - 98 1 (2) The number of grievances and appeals received.
- 98 2 c. Member call center performance including the service  
98 3 level for members, providers, and pharmacy.
- 98 4 d. Prior authorization denials and modifications including  
98 5 all of the following:
  - 98 6 (1) The percentage of prior authorizations approved,  
98 7 denied, and modified.
  - 98 8 (2) The percentage of prior authorizations processed  
98 9 within required timeframes.
- 98 10 e. Provider network access including key gaps in provider  
98 11 coverage based on contract time, distance standards, and  
98 12 market share.
- 98 13 f. Care coordination and case management, including the  
98 14 ratio of members to care coordinators or case managers, and  
98 15 the average number of contacts made with members per reporting  
98 16 period.
- 98 17 g. Level of care and functional assessments, including the  
98 18 percentage of level of care assessments completed timely.
- 98 19 h. Population-specific reporting including all of the  
98 20 following:
  - 98 21 (1) General population, including adults and children.
  - 98 22 (2) Special needs, including adults and children.
  - 98 23 (3) Behavioral health, including adults and children.
  - 98 24 (4) Elderly.
- 98 25 i. Number of individuals served on the home and  
98 26 community-based services (HCBS) waivers by waiver type, and  
98 27 HCBS waiver waiting list reductions or increases.

98 28 2. OUTCOME ACHIEVEMENT.

98 29 The primary focus of the general assembly in moving to  
98 30 Medicaid managed care is to improve the quality of care and  
98 31 outcomes for Medicaid members. The state has demonstrated  
98 32 how preventive services and the coordination of care for all  
98 33 of a Medicaid member's treatment significantly improve the



98 34 health and well-being of the state's most vulnerable citizens.  
98 35 In order to ensure continued improvement, ongoing review of  
98 36 member outcomes as well as of the process that supports a  
98 37 strong provider network is necessary. The outcome achievement  
98 38 component of the reports submitted as required under this  
98 39 section shall be based on all of the following reports:

99 1 a. Contract management including all of the following:

99 2 (1) Claims processing including all of the following:

99 3 (a) The percentage of claims paid, denied, and disputed,  
99 4 and the ten most common reasons for claims denials.

99 5 (b) The percentage of claims adjudicated timely.

99 6 (2) Encounter data including all of the following:

99 7 (a) Timeliness.

99 8 (b) Completeness.

99 9 (c) Accuracy.

99 10 (3) Value-based purchasing (VBP) enrollment including the  
99 11 percentage of members covered by a VBP arrangement.

99 12 (4) Financial information including all of the following:

99 13 (a) Managed care organization capitation payments.

99 14 (b) The medical loss ratio, administrative loss ratio, and  
99 15 underwriting ratio.

99 16 (c) Program cost savings.

99 17 (5) Utilization of health care services by diagnostic  
99 18 related group and ambulatory payment classification as well  
99 19 as total claims volume.

99 20 (6) Utilization of value-added services.

99 21 (7) Payment of claims by department-identified provider  
99 22 type.

99 23 b. Member health outcomes including all of the following:

99 24 (1) Annual health care effectiveness and information set  
99 25 (HEDIS) performance.

99 26 (2) Other quality measures including all of the following:

99 27 (a) Behavioral health.

99 28 (b) Children's health outcomes.

99 29 (c) Prenatal and birth outcomes.

99 30 (d) Chronic condition management.

99 31 (e) Adult preventative care.

99 32 (3) Value index score (VIS) performance.

99 33 (4) Annual consumer assessment of health care providers  
99 34 and systems (CAHPS) performance.

99 35 (5) Utilization information including all of the  
99 36 following:

99 37 (a) Inpatient hospital admissions and potential  
99 38 preventative admissions.

99 39 (b) Readmissions.

100 1 (c) Outpatient visits.

100 2 (d) Emergency department visits and potentially  
100 3 preventable emergency department visits.

100 4 c. Consumer satisfaction survey.

100 5 3. PROGRAM INTEGRITY.

100 6 a. The Medicaid program has traditionally included

100 7 comprehensive oversight and program integrity controls.

100 8 Under Medicaid managed care, federal, state, and contractual

100 9 safeguards will continue to be incorporated to prevent,

100 10 detect, and eliminate provider fraud, waste, and abuse

100 11 to maintain a sustainable Medicaid program. The program

100 12 integrity component of the reports submitted as required under

100 13 this section shall be based on all of the following reports

100 14 relating to program integrity:

100 15 (1) The level of fraud, waste, and abuse identified by the

100 16 managed care organizations.

100 17 (2) Managed care organization adherence to the program

100 18 integrity plan, including identification of program

100 19 overpayments.

100 20 (3) Notification of the state by the managed care

100 21 organizations regarding fraud, waste, and abuse.

100 22 (4) The impact of program activities on capitation

100 23 payments.

100 24 (5) Enrollment and payment information including all of

100 25 the following:

100 26 (a) Eligibility.

100 27 (b) Third-party liability.

100 28 (6) Managed care organization reserves compared to minimum

100 29 reserves required by the insurance division of the department

100 30 of commerce.

100 31 (7) A summary report by the insurance division of the

100 32 department of commerce including information relating

100 33 to health maintenance organization licensure, the annual

100 34 independent audit, insurance division reporting, and

100 35 reinsurance.

100 36 b. The results of any external quality review organization

100 37 review shall be submitted directly to the governor, the

100 38 general assembly, and the health policy oversight committee

100 39 created in section 2.45.

101 1 c. The department of human services shall require each

101 2 Medicaid managed care organization to authorize the national

101 3 committee for quality assurance (NCQA) to submit directly to

101 4 the governor, the general assembly, and the health policy

101 5 oversight committee created in section 2.45, the evaluation

101 6 report upon which the Medicaid managed care organization's

101 7 NCQA accreditation was granted, and any subsequent evaluations

101 8 of the Medicaid managed care organization.

101 9 4. INCLUSION OF INFORMATION FROM OTHER OVERSIGHT ENTITIES.

101 10 The council on human services, the medical assistance

101 11 advisory council, the hawk-i board, the mental health and

101 12 disability services commission, and the office of long-term

101 13 care ombudsman shall regularly review Medicaid managed care  
 101 14 as it relates to the entity's respective statutory duties.  
 101 15 These entities shall submit executive summaries of pertinent  
 101 16 information regarding their deliberations during the prior  
 101 17 year relating to Medicaid managed care to the department  
 101 18 of human services no later than November 15, annually, for  
 101 19 inclusion in the annual report submitted as required under  
 101 20 this section.

101 21 5. PUBLIC POSTING OF INFORMATION REPORTED.

101 22 The department of human services shall post all of the  
 101 23 reports specified under this section, as the information  
 101 24 becomes available and to the extent such information is not  
 101 25 otherwise considered confidential or protected information  
 101 26 pursuant to federal or state law, on the Iowa health link  
 101 27 internet site.

101 28 Sec. 94. ADDITIONAL OVERSIGHT.

101 29 1. The council on human services, the medical assistance  
 101 30 advisory council, and the hawk-i board shall submit to the  
 101 31 chairpersons and ranking members of the human resources  
 101 32 committees of the senate and the house of representatives  
 101 33 and to the chairpersons and ranking members of the joint  
 101 34 appropriations subcommittee on health and human services, on a  
 101 35 quarterly basis, minutes of their respective meetings during  
 101 36 which the council or board addressed Medicaid managed care.

101 37 2. The director of human services shall submit the  
 101 38 compilation of the input and recommendations from stakeholders  
 101 39 and Medicaid members attending the public meetings convened  
 102 1 pursuant to 2015 Iowa Acts, chapter 137, section 63, to the  
 102 2 chairpersons and ranking members of the human resources  
 102 3 committees of the senate and the house of representatives  
 102 4 and to the chairpersons and ranking members of the joint  
 102 5 appropriations subcommittee on health and human services, on  
 102 6 a quarterly basis.

102 7 Sec. 95. PROGRAM POLICY IMPROVEMENT. The department  
 102 8 of human services shall ensure that Medicaid managed care  
 102 9 organizations comply with all of the following:

102 10 1. In accordance with 42 C.F.R. §438.420, a Medicaid  
 102 11 managed care organization, upon a recipient's request, shall  
 102 12 continue a recipient's benefits during an appeal process. If,  
 102 13 as allowed when final resolution of an appeal is adverse to  
 102 14 the Medicaid recipient, the Medicaid managed care organization  
 102 15 chooses to recover the costs of the services furnished to the  
 102 16 recipient while an appeal is pending, the Medicaid managed  
 102 17 care organization shall provide adequate prior notice of  
 102 18 potential recovery of costs to the recipient at the time the  
 102 19 appeal is filed.

Requires the hawk-i Board, Medical Assistance Advisory Council, MH/DS Commission, and Council on Human Services to submit their minutes related to Managed Care to the Chairpersons and Ranking Members of the Human Resources Committees and Health and Human Services Appropriations Subcommittee quarterly. The DHS Director is to submit input from a series of public meetings quarterly to the same committees.

Requires the DHS to ensure managed care companies comply with the following:

- Continue a recipient's benefits during an appeal process, upon a recipient's request.
- Allow providers to appeal on a recipient's behalf if the recipient designates the provider as the recipient's representative.
- Allows an MCO to include as a primary care provider any provider designated by the state as a primary care provider, subject to a provider's respective state certification standards.
- Specifies that an MCO cannot impose more restrictive scope of practice requirements or standards of practice on a primary care provider than those prescribed by state law as a prerequisite for

102 20 2. A Medicaid managed care organization shall allow  
 102 21 providers to appeal on a recipient's behalf if the recipient  
 102 22 designates the provider as the recipient's representative.  
 102 23 3. a. A Medicaid managed care organization may include as  
 102 24 a primary care provider any provider designated by the state  
 102 25 as a primary care provider, subject to a provider's respective  
 102 26 state certification standards, including but not limited to  
 102 27 all of the following:  
 102 28 (1) A physician who is a family or general practitioner,  
 102 29 a pediatrician, an internist, an obstetrician, or a  
 102 30 gynecologist.  
 102 31 (2) An advanced registered nurse practitioner.  
 102 32 (3) A physician assistant.  
 102 33 (4) A chiropractor licensed pursuant to chapter 151.  
 102 34 b. A Medicaid managed care organization shall not impose  
 102 35 more restrictive, scope of practice requirements or standards  
 102 36 of practice on a primary care provider than those prescribed  
 102 37 by state law as a prerequisite for participation in the  
 102 38 managed care organization's provider network.

participation in the managed care organization's provider network.

102 39 Sec. 96. SINGLE-CASE AGREEMENT. A Medicaid managed care  
 103 1 organization shall, at the request of a Medicaid recipient,  
 103 2 attempt to negotiate in good faith a single-case agreement  
 103 3 with a recipient's out-of-network provider, including a  
 103 4 provider outside of the state, to provide for continuity of  
 103 5 care when the recipient has an existing relationship with such  
 103 6 provider. If a provider of a medically necessary service  
 103 7 is not available within the managed care organization's  
 103 8 network, the managed care organization shall, at the request  
 103 9 of a Medicaid recipient, attempt to negotiate in good faith  
 103 10 a single-case agreement with an out-of-network provider,  
 103 11 regardless of the existence of an established relationship  
 103 12 between the recipient and the provider.

Allows an MCO, at the request of a Medicaid recipient, to attempt to negotiate in good faith a single-case agreement with a recipient's out-of-network provider to provide for continuity of care when the recipient has an existing relationship with such provider. The out-of-network provider may be located outside of the state. If a provider of a medically necessary service is not available within the managed care organization's network, the MCO is required to, at the request of a Medicaid recipient, attempt to negotiate in good faith a single-case agreement with an out-of-network provider, regardless of the existence of an established relationship between the recipient and the provider.

#### 103 13 HEALTH POLICY OVERSIGHT COMMITTEE

103 14 Sec. 97. Section 2.45, subsection 6, Code 2016, is amended  
 103 15 to read as follows:  
 103 16 6. The legislative health policy oversight committee,  
 103 17 which shall be composed of ten members of the general  
 103 18 assembly, consisting of five members from each house, to be  
 103 19 appointed by the legislative council. The legislative health  
 103 20 policy oversight committee shall receive updates and review  
 103 21 data, public input and concerns, and make recommendations for  
 103 22 improvements to and changes in law or rule regarding meet at  
 103 23 least two times, annually, during the legislative interim  
 103 24 to provide continuing oversight for Medicaid managed care,  
 103 25 and to ensure effective and efficient administration of the

CODE: Specifies that there are 10 members of the Health Policy Oversight Committee and that they are to meet at least twice annually during the legislative interim to ensure effective and efficient administration of the Program, address stakeholder concerns, monitor program costs and expenditures, and make recommendations.

103 26 program, address stakeholder concerns, monitor program costs  
 103 27 and expenditures, and make recommendations.

103 28 MANAGED CARE OMBUDSMAN

103 29 Sec. 98. Section 231.44, Code 2016, is amended by adding  
 103 30 the following new subsection:  
 103 31 NEW SUBSECTION 3A. The office of long-term care ombudsman  
 103 32 and representatives of the office, when providing assistance  
 103 33 and advocacy services under this section, shall be considered  
 103 34 a health oversight agency as defined in 45 C.F.R. §164.501 for  
 103 35 the purposes of health oversight activities as described in  
 103 36 45 C.F.R. §164.512(d). Recipient information available to  
 103 37 the office of long-term care ombudsman and representatives  
 103 38 of the office under this subsection shall be limited to the  
 103 39 recipient's protected health information as defined in 45  
 104 1 C.F.R. §160.103 for the purpose of recipient case resolution.  
 104 2 When providing assistance and advocacy services under this  
 104 3 section, the office of long-term care ombudsman shall act  
 104 4 as an independent agency, and the office of long-term care  
 104 5 ombudsman and representatives of the office shall be free of  
 104 6 any undue influence that restrains the ability of the office  
 104 7 or the office's representatives from providing such services  
 104 8 and assistance. The office of long-term care ombudsman shall  
 104 9 adopt rules applicable to long-term care ombudsmen providing  
 104 10 assistance and advocacy services under this section to  
 104 11 authorize such ombudsmen to function in a manner consistent  
 104 12 with long-term care ombudsmen under the federal Act.

104 13 MEDICAL ASSISTANCE ADVISORY COUNCIL

104 14 Sec. 99. Section 249A.4B, Code 2016, is amended to read as  
 104 15 follows:  
 104 16 249A.4B MEDICAL ASSISTANCE ADVISORY COUNCIL.  
 104 17 1. A medical assistance advisory council is created to  
 104 18 comply with 42 C.F.R. §431.12 based on section 1902(a)(4) of  
 104 19 the federal Social Security Act and to advise the director  
 104 20 about health and medical care services under the medical  
 104 21 assistance program. The council shall meet no more than  
 104 22 quarterly. The director of public health and a public member  
 104 23 of the council selected by the public members of the council  
 104 24 specified in subsection 2, paragraph "b", shall serve as  
 104 25 ~~chairperson~~ co-chairpersons of the council.  
 104 26 2. The council shall include all of the following voting  
 104 27 members:  
 104 28 a. The president, or the president's representative, of  
 104 29 each of the following professional or business entities, or  
 104 30 a member of each of the following professional or business

CODE: Makes the duties and authority of the Medicaid Long-Term Care Ombudsman consistent with those of the existing Long-Term Care Ombudsman authorized by the federal Older Americans Act. The section also requires the Office to adopt rules to implement these changes.

CODE: Makes various changes to the Medical Assistance Advisory Council (MAAC) including:

- Adds a co-chairperson, a public member.
- Specifies voting and nonvoting members.
- Specifies there are to be 10 public members, appointed by the Governor.
- Adds nonvoting members.

104 31 entities, selected by the entity:  
104 32 (1) The Iowa medical society.  
104 33 (2) The Iowa osteopathic medical association.  
104 34 (3) The Iowa academy of family physicians.  
104 35 (4) The Iowa chapter of the American academy of pediatrics.  
104 36 (5) The Iowa physical therapy association.  
104 37 (6) The Iowa dental association.  
104 38 (7) The Iowa nurses association.  
104 39 (8) The Iowa pharmacy association.  
105 1 (9) The Iowa podiatric medical society.  
105 2 (10) The Iowa optometric association.  
105 3 (11) The Iowa association of community providers.  
105 4 (12) The Iowa psychological association.  
105 5 (13) The Iowa psychiatric society.  
105 6 (14) The Iowa chapter of the national association of social  
105 7 workers.  
105 8 (15) The coalition for family and children's services in  
105 9 Iowa.  
105 10 (16) The Iowa hospital association.  
105 11 (17) The Iowa association of rural health clinics.  
105 12 (18) The Iowa primary care association.  
105 13 (19) Free clinics of Iowa.  
105 14 (20) The opticians' association of Iowa, Inc.  
105 15 (21) The Iowa association of hearing health professionals.  
105 16 (22) The Iowa speech and hearing association.  
105 17 (23) The Iowa health care association.  
105 18 (24) The Iowa association of area agencies on aging.  
105 19 (25) AARP.  
105 20 (26) The Iowa caregivers association.  
105 21 (27) The Iowa coalition of home and community-based  
105 22 services for seniors.  
105 23 (28) The Iowa adult day services association.  
105 24 (29) Leading age Iowa.  
105 25 (30) The Iowa association for home care.  
105 26 (31) The Iowa council of health care centers.  
105 27 (32) The Iowa physician assistant society.  
105 28 (33) The Iowa association of nurse practitioners.  
105 29 (34) The Iowa nurse practitioner society.  
105 30 (35) The Iowa occupational therapy association.  
105 31 (36) The ARC of Iowa, formerly known as the association for  
105 32 retarded citizens of Iowa.  
105 33 (37) The national alliance for the mentally ill of Iowa on  
105 34 mental illness.  
105 35 (38) The Iowa state association of counties.  
105 36 (39) The Iowa developmental disabilities council.  
105 37 (40) The Iowa chiropractic society.  
105 38 (41) The Iowa academy of nutrition and dietetics.  
105 39 (42) The Iowa behavioral health association.

106 1 (43) The midwest association for medical equipment  
106 2 services or an affiliated Iowa organization.

106 3 ~~b.—Public~~ Ten public representatives which may include  
106 4 members of consumer groups, including recipients of medical  
106 5 assistance or their families, consumer organizations, and  
106 6 others, ~~equal in number to the number of representatives~~  
106 7 ~~of the professional and business entities specifically~~  
106 8 ~~represented under paragraph “a”,~~ appointed by the governor  
106 9 for staggered terms of two years each, none of whom shall be  
106 10 members of, or practitioners of, or have a pecuniary interest  
106 11 in any of the professional or business entities specifically  
106 12 represented under paragraph “a”, and a majority of whom shall  
106 13 be current or former recipients of medical assistance or  
106 14 members of the families of current or former recipients.

106 15 c. A member of the hawk-i board created in section 514I.5,  
106 16 selected by the members of the hawk-i board.

106 17 3. The council shall include all of the following nonvoting  
106 18 members:

106 19 ~~—e. a.~~ The director of public health, or the director's  
106 20 designee.

106 21 ~~—d. b.~~ The director of the department on aging, or the  
106 22 director's designee.

106 23 c. The long-term care ombudsman, or the long-term care  
106 24 ombudsman's designee.

106 25 ~~—e. d.~~ The dean of Des Moines university — osteopathic  
106 26 medical center, or the dean's designee.

106 27 ~~—f. e.~~ The dean of the university of Iowa college of  
106 28 medicine, or the dean's designee.

106 29 ~~—g. f.~~ The following members of the general assembly, each  
106 30 for a term of two years as provided in section 69.16B:

106 31 (1) Two members of the house of representatives, one  
106 32 appointed by the speaker of the house of representatives  
106 33 and one appointed by the minority leader of the house of  
106 34 representatives from their respective parties.

106 35 (2) Two members of the senate, one appointed by the  
106 36 president of the senate after consultation with the majority  
106 37 leader of the senate and one appointed by the minority leader  
106 38 of the senate.

106 39 ~~—3. 4.~~ a. An executive committee of the council is created  
107 1 and shall consist of the following members of the council:

107 2 (1) Five of the professional or business entity members  
107 3 designated pursuant to subsection 2, paragraph “a”, and  
107 4 selected by the members specified under that paragraph, as  
107 5 voting members.

107 6 (2) Five of the public members appointed pursuant to  
107 7 subsection 2, paragraph “b”, and selected by the members  
107 8 specified under that paragraph, as voting members. Of the  
107 9 five public members, at least one member shall be a recipient

107 10 of medical assistance.  
107 11 (3) The director of public health, or the director's  
107 12 designee, as a nonvoting member.  
107 13 b. The executive committee shall meet on a monthly basis.  
107 14 The director of public health and the public member serving  
107 15 as co-chairperson of the council shall serve as ~~chairperson~~  
107 16 co-chairpersons of the executive committee.  
107 17 c. Based upon the deliberations of the council and the  
107 18 executive committee, the executive committee shall make  
107 19 recommendations to the director regarding the budget, policy,  
107 20 and administration of the medical assistance program.  
107 21 ~~—4. 5.~~ For each council meeting, other than those held  
107 22 during the time the general assembly is in session, each  
107 23 legislative member of the council shall be reimbursed for  
107 24 actual travel and other necessary expenses and shall receive  
107 25 a per diem as specified in section 7E.6 for each day in  
107 26 attendance, as shall the members of the council or the  
107 27 executive committee who are recipients or the family members  
107 28 of recipients of medical assistance, regardless of whether the  
107 29 general assembly is in session.  
107 30 ~~—5. 6.~~ The department shall provide staff support and  
107 31 independent technical assistance to the council and the  
107 32 executive committee.  
107 33 ~~—6. 7.~~ The director shall consider the recommendations  
107 34 offered by the council and the executive committee in  
107 35 the director's preparation of medical assistance budget  
107 36 recommendations to the council on human services pursuant to  
107 37 section 217.3 and in implementation of medical assistance  
107 38 program policies.

107 39 Sec. 100. APPOINTMENT OF PUBLIC REPRESENTATIVES TO  
108 1 MEDICAL ASSISTANCE ADVISORY COUNCIL — 2016. The director  
108 2 of human services shall make recommendations to the governor  
108 3 for appointment of public representatives to the medical  
108 4 assistance advisory council pursuant to section 249A.4B,  
108 5 subsection 1, paragraph "b", in order to fill all public  
108 6 representative positions on the council no later than June 30,  
108 7 2016.

108 8 Sec. 101. EFFECTIVE UPON ENACTMENT. The following  
108 9 provision of this division of this Act, being deemed of  
108 10 immediate importance, takes effect upon enactment:  
108 11 1. The section of this division of this Act directing  
108 12 the appointment of public representatives to the medical  
108 13 assistance advisory council no later than June 30, 2016.

Requires the DHS Director to make recommendations to the Governor for appointment of public members to the MAAC council by June 30, 2016.

The provision requiring the appointment of public members to the MAAC council is effective upon enactment.



108 15 Sec. 102. 2015 Iowa Acts, chapter 137, section 63, is  
108 16 amended to read as follows:

108 17 SEC. 63. HEALTH POLICY OVERSIGHT — MEDICAID MANAGED CARE.

108 18 1. The department of human services shall partner with  
108 19 appropriate stakeholders to convene monthly statewide public  
108 20 meetings beginning in March 2016, and bi-monthly statewide  
108 21 public meetings beginning March 2017 and continuing through  
108 22 December 31, 2017, to receive input and recommendations from  
108 23 stakeholders and members of the public regarding Medicaid  
108 24 managed care, ~~beginning in March 2016~~. The meetings shall  
108 25 be held in both rural and urban areas, in small communities  
108 26 and large population centers, and in a manner that is  
108 27 geographically balanced. The department shall encourage  
108 28 representatives of Medicaid managed care organizations to  
108 29 attend the public meetings. The input and recommendations of  
108 30 the public meetings shall be compiled by the department of  
108 31 human services and submitted to the executive committee of  
108 32 the medical assistance advisory council created in section  
108 33 249A.4B.

108 34 2. a. The executive committee of the medical assistance  
108 35 advisory council shall review the compilation of the input and  
108 36 recommendations of the public meetings convened pursuant to  
108 37 subsection 1, and shall submit recommendations based upon the  
108 38 compilation to the director of human services on a quarterly  
108 39 basis through December 31, 2017.

109 1 b. The director of human services shall submit the  
109 2 compilation and the recommendations made under paragraph “a”  
109 3 to the legislative health policy oversight committee created  
109 4 in section 2.45 through December 31, 2017.

109 5 Sec. 103. EFFECTIVE UPON ENACTMENT. The sections of this  
109 6 division of this Act amending 2015 Iowa Acts, chapter 137,  
109 7 section 63, being deemed of immediate importance, takes effect  
109 8 upon enactment.

109 9 HAWK-I PROGRAM

109 10 Sec. 104. Section 514I.5, subsection 8, paragraph d, Code  
109 11 2016, is amended by adding the following new subparagraph:  
109 12 NEW SUBPARAGRAPH (17) Occupational therapy.

109 13 Sec. 105. Section 514I.5, Code 2016, is amended by adding  
109 14 the following new subsection:  
109 15 NEW SUBSECTION 10. The hawk-i board shall monitor  
109 16 the capacity of Medicaid managed care organizations to  
109 17 specifically and appropriately address the unique needs of  
109 18 children and children's health delivery.

Requires that the statewide public meetings that are being hosted by the DHS, including the reporting requirements for the meetings, continue through December 31, 2017.

The section extending the statewide public meetings through December 31, 2017, is effective upon enactment.

CODE: Requires coverage of occupational therapy under the hawk-i Program.

CODE: Requires the hawk-i Board to monitor the capacity of the managed care organizations (MCOs) to specifically and appropriately address the unique needs of children.

109 19	DIVISION XXIII	
109 20	FOOD PROGRAM	
109 21	Sec. 106. IOWA EMERGENCY FOOD PURCHASE PROGRAM. There	General Fund appropriation of \$100,000 to the Iowa Department of
109 22	is appropriated from the general fund of the state to the	Agriculture and Land Stewardship (DALs) for the Iowa Emergency
109 23	department of agriculture and land stewardship for the fiscal	Food Purchase Program.
109 24	year beginning July 1, 2016, and ending June 30, 2017, the	
109 25	following amount, or so much thereof as is necessary, to be	DETAIL: This is a new appropriation for FY 2017.
109 26	used for the purpose designated:	
109 27	1. For purposes of supporting an Iowa emergency food	
109 28	purchase program:	
109 29	..... \$ 100,000	
109 30	2. The purpose of the Iowa emergency food purchase	The Iowa Emergency Food Purchase Program is to provide emergency
109 31	program is to relieve situations of emergency experienced by	food assistance to Iowa residents.
109 32	families or individuals who reside in this state, including	
109 33	low-income families and individuals and unemployed families	
109 34	and individuals, by distributing food to those persons.	
109 35	3. The Iowa emergency food purchase program shall be	Requires the IDALS to select an Iowa food bank association to
109 36	managed by an Iowa food bank association selected by the	manage the Program. The food bank association will enter into a
109 37	department. The department may enter into a contract with the	contract with the IDALS and will report to the Department. The food
109 38	Iowa food bank association. The Iowa food bank association	bank association managing the Program will distribute food to food
109 39	managing the program shall distribute food under the program	banks throughout the state.
109 40	to emergency feeding organizations in this state. The Iowa	
109 41	food bank association shall report to the department as	
109 42	required by the department.	
109 43	4. The moneys appropriated in this section shall be	Requires the appropriation to be matched dollar-for-dollar.
109 44	allocated to support the Iowa emergency food purchase program	
109 45	only to the extent that the allocated moneys are matched on a	
109 46	dollar-for-dollar basis.	
109 47	5. "Iowa food bank association" means a private nonprofit	Defines standards the selected food bank association must meet to
109 48	entity that meets all of the following requirements:	manage and administer the Iowa Emergency Food Purchase Program.
109 49	a. The association is organized under chapter 504.	
109 50	b. The association qualifies under section 501(c)(3) of the	
109 51	Internal Revenue Code as an organization exempt from federal	
109 52	income tax under section 501(a) of the Internal Revenue Code.	
109 53	c. The association's members include food banks, or	
109 54	affiliations of food banks, that together serve all counties	
109 55	in this state.	
109 56	d. The association's principal office is located in this	
109 57	state.	

Summary Data  
General Fund

	Actual FY 2015	Estimated FY 2016	Supp-Final Action FY 2016	2016 Est Net	Gov Rec FY 2017	Final Action FY 2017	Final Action vs. Est 2016	Page and Line #
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Health and Human Services	\$ 1,903,078,965	\$ 1,833,474,878	\$ 0	\$ 1,833,474,878	\$ 1,860,532,421	\$ 1,836,973,531	\$ 3,498,653	
Grand Total	\$ 1,903,078,965	\$ 1,833,474,878	\$ 0	\$ 1,833,474,878	\$ 1,860,532,421	\$ 1,836,973,531	\$ 3,498,653	

Health and Human Services  
General Fund

	Actual FY 2015	Estimated FY 2016	Supp-Final Action FY 2016	2016 Est Net	Gov Rec FY 2017	Final Action FY 2017	Final Action vs. Est 2016	Page and Line #
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
<b><u>Aging, Dept. on</u></b>								
<b>Aging, Dept. on</b>								
Aging Programs	\$ 11,419,732	\$ 11,399,732	\$ 0	\$ 11,399,732	\$ 11,436,066	\$ 12,548,603	\$ 1,148,871	PG 1 LN 8
Office of LTC Resident's Advocate	929,315	1,276,783	0	1,276,783	1,276,783	1,376,783	100,000	PG 3 LN 29
Food Security for Older Individuals	250,000	0	0	0	0	0	0	
<b>Total Aging, Dept. on</b>	<b>\$ 12,599,047</b>	<b>\$ 12,676,515</b>	<b>\$ 0</b>	<b>\$ 12,676,515</b>	<b>\$ 12,712,849</b>	<b>\$ 13,925,386</b>	<b>\$ 1,248,871</b>	
<b><u>Public Health, Dept. of</u></b>								
<b>Public Health, Dept. of</b>								
Addictive Disorders	\$ 27,263,690	\$ 27,263,690	\$ 0	\$ 27,263,690	\$ 26,988,690	\$ 26,988,690	\$ -275,000	PG 4 LN 23
Healthy Children and Families	4,046,602	4,617,543	0	4,617,543	4,617,543	5,693,774	1,076,231	PG 8 LN 21
Chronic Conditions	5,155,692	4,955,692	0	4,955,692	4,930,692	5,080,692	125,000	PG 10 LN 24
Community Capacity	8,737,910	8,821,335	0	8,821,335	7,239,136	7,339,136	-1,482,199	PG 12 LN 29
Healthy Aging	7,297,142	7,297,142	0	7,297,142	7,297,142	7,297,142	0	PG 18 LN 12
Infectious Diseases	1,335,155	1,335,155	0	1,335,155	1,335,155	1,335,155	0	PG 18 LN 19
Public Protection	3,287,127	4,339,191	0	4,339,191	4,399,191	4,399,191	60,000	PG 18 LN 26
Resource Management	855,072	855,072	0	855,072	1,005,072	1,005,072	150,000	PG 19 LN 21
Congenital & Inherited Disorders Registry	215,055	232,500	0	232,500	232,500	232,500	0	
Environmental Hazards	803,870	0	0	0	0	0	0	
<b>Total Public Health, Dept. of</b>	<b>\$ 58,997,315</b>	<b>\$ 59,717,320</b>	<b>\$ 0</b>	<b>\$ 59,717,320</b>	<b>\$ 58,045,121</b>	<b>\$ 59,371,352</b>	<b>\$ -345,968</b>	
<b><u>Veterans Affairs, Dept. of</u></b>								
<b>Veterans Affairs, Dept. of</b>								
General Administration	\$ 1,095,951	\$ 1,200,546	\$ 0	\$ 1,200,546	\$ 1,200,546	\$ 1,200,546	\$ 0	PG 20 LN 28
Vets Home Ownership Program	2,500,000	2,500,000	0	2,500,000	2,500,000	2,500,000	0	PG 21 LN 27
Veterans County Grants	990,000	990,000	0	990,000	990,000	990,000	0	PG 21 LN 34
<b>Total Veterans Affairs, Dept. of</b>	<b>\$ 4,585,951</b>	<b>\$ 4,690,546</b>	<b>\$ 0</b>	<b>\$ 4,690,546</b>	<b>\$ 4,690,546</b>	<b>\$ 4,690,546</b>	<b>\$ 0</b>	
<b>Veterans Affairs, Dept. of</b>								
Iowa Veterans Home	\$ 7,594,996	\$ 7,594,996	\$ 0	\$ 7,594,996	\$ 7,594,996	\$ 7,594,996	\$ 0	PG 21 LN 5
<b>Total Veterans Affairs, Dept. of</b>	<b>\$ 12,180,947</b>	<b>\$ 12,285,542</b>	<b>\$ 0</b>	<b>\$ 12,285,542</b>	<b>\$ 12,285,542</b>	<b>\$ 12,285,542</b>	<b>\$ 0</b>	

# Health and Human Services

## General Fund

Actual FY 2015	Estimated FY 2016	Supp-Final Action FY 2016	2016 Est Net	Gov Rec FY 2017	Final Action FY 2017	Final Action vs. Est 2016	Page and Line #
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)

**Human Services, Dept. of****Assistance**

Family Investment Program/JOBS	\$ 48,693,875	\$ 48,673,875	\$ -3,900,000	\$ 44,773,875	\$ 48,673,875	\$ 48,673,875	\$ 0	PG 28 LN 33
Medical Assistance	1,309,486,529	1,303,191,564	0	1,303,191,564	1,326,546,446	1,318,246,446	15,054,882	PG 31 LN 32
Medicaid Supplemental - HF2460	0	0	15,000,000	15,000,000	0	0	0	
Medical Contracts	17,148,576	19,613,964	0	19,613,964	19,113,964	17,045,964	-2,568,000	PG 39 LN 20
State Supplementary Assistance	14,121,154	12,997,187	-1,100,000	11,897,187	11,611,442	11,611,442	-1,385,745	PG 41 LN 13
State Children's Health Insurance	45,877,998	20,413,844	0	20,413,844	9,176,652	9,176,652	-11,237,192	PG 42 LN 9
Child Care Assistance	36,303,944	51,408,668	-10,000,000	41,408,668	49,889,790	36,389,561	-15,019,107	PG 42 LN 27
Child and Family Services	94,857,554	85,341,938	0	85,341,938	86,133,749	84,482,419	-859,519	PG 45 LN 23
Adoption Subsidy	42,580,749	42,998,286	0	42,998,286	43,046,664	43,046,664	48,378	PG 51 LN 15
Family Support Subsidy	1,079,739	1,073,932	0	1,073,932	1,069,282	1,069,282	-4,650	PG 52 LN 13
Conners Training	33,632	33,632	0	33,632	33,632	33,632	0	PG 53 LN 5
Volunteers	84,686	84,686	0	84,686	84,686	84,686	0	PG 58 LN 1
MHDS Equalization	30,555,823	0	0	0	0	0	0	
Child Abuse Prevention	215,125	232,570	0	232,570	232,570	232,570	0	
Juv CINA/Female Adjud Delinquent Placements	2,000,000	0	0	0	0	0	0	
MHDS Regional Funding	1,040,000	0	0	0	0	0	0	
Mental Health Grant - Eastern Iowa	0	0	0	0	0	500,000	500,000	PG 93 LN 36
Mental Health Grant - Polk County	0	0	0	0	0	2,500,000	2,500,000	PG 94 LN 15
<b>Total Assistance</b>	<b>\$ 1,644,079,384</b>	<b>\$ 1,586,064,146</b>	<b>\$ 0</b>	<b>\$ 1,586,064,146</b>	<b>\$ 1,595,612,752</b>	<b>\$ 1,573,093,193</b>	<b>\$ -12,970,953</b>	

**Toledo Juvenile Home**

Toledo Juvenile Home	\$ 507,766	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	
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**Eldora Training School**

Eldora Training School	\$ 12,358,285	\$ 12,233,420	\$ 0	\$ 12,233,420	\$ 12,233,420	\$ 12,233,420	\$ 0	PG 44 LN 36
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**Cherokee**

Cherokee MHI	\$ 6,031,934	\$ 5,545,616	\$ 0	\$ 5,545,616	\$ 14,644,041	\$ 14,644,041	\$ 9,098,425	PG 53 LN 26
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**Clarinda**

Clarinda MHI	\$ 6,787,309	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	
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**Independence**

Independence MHI	\$ 10,484,386	\$ 10,324,209	\$ 0	\$ 10,324,209	\$ 18,552,103	\$ 18,552,103	\$ 8,227,894	PG 53 LN 33
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**Mount Pleasant**

Mt Pleasant MHI	\$ 1,417,796	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	
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Health and Human Services  
General Fund

	Actual FY 2015	Estimated FY 2016	Supp-Final Action FY 2016	2016 Est Net	Gov Rec FY 2017	Final Action FY 2017	Final Action vs. Est 2016	Page and Line #
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
<b>Glenwood</b>								
Glenwood Resource Center	\$ 21,695,266	\$ 21,524,482	\$ 0	\$ 21,524,482	\$ 20,719,486	\$ 20,719,486	\$ -804,996	PG 54 LN 9
<b>Woodward</b>								
Woodward Resource Center	\$ 14,855,693	\$ 14,583,806	\$ 0	\$ 14,583,806	\$ 14,053,011	\$ 14,053,011	\$ -530,795	PG 54 LN 13
<b>Cherokee CCUSO</b>								
Civil Commitment Unit for Sexual Offenders	\$ 9,923,563	\$ 9,893,079	\$ 0	\$ 9,893,079	\$ 10,193,079	\$ 10,193,079	\$ 300,000	PG 55 LN 15
<b>Field Operations</b>								
Child Support Recoveries	\$ 14,911,230	\$ 14,663,373	\$ 0	\$ 14,663,373	\$ 14,663,373	\$ 14,663,373	\$ 0	PG 30 LN 30
Field Operations	61,170,976	58,920,976	0	58,920,976	58,920,976	54,442,877	-4,478,099	PG 56 LN 2
<b>Total Field Operations</b>	<u>\$ 76,082,206</u>	<u>\$ 73,584,349</u>	<u>\$ 0</u>	<u>\$ 73,584,349</u>	<u>\$ 73,584,349</u>	<u>\$ 69,106,250</u>	<u>\$ -4,478,099</u>	
<b>General Administration</b>								
General Administration	\$ 15,072,302	\$ 14,898,198	\$ 0	\$ 14,898,198	\$ 14,873,198	\$ 15,673,198	\$ 775,000	PG 56 LN 19
DHS Facilities	0	0	0	0	2,879,274	2,879,274	2,879,274	PG 57 LN 28
Commission of Inquiry	0	1,394	0	1,394	1,394	1,394	0	
Nonresident Commitment Mental Illness	5,766	142,802	0	142,802	142,802	142,802	0	
<b>Total General Administration</b>	<u>\$ 15,078,068</u>	<u>\$ 15,042,394</u>	<u>\$ 0</u>	<u>\$ 15,042,394</u>	<u>\$ 17,896,668</u>	<u>\$ 18,696,668</u>	<u>\$ 3,654,274</u>	
<b>Total Human Services, Dept. of</b>	<u>\$ 1,819,301,656</u>	<u>\$ 1,748,795,501</u>	<u>\$ 0</u>	<u>\$ 1,748,795,501</u>	<u>\$ 1,777,488,909</u>	<u>\$ 1,751,291,251</u>	<u>\$ 2,495,750</u>	
<b><u>Agriculture and Land Stewardship</u></b>								
<b>Agriculture and Land Stewardship</b>								
Food Banks	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 100,000	\$ 100,000	PG 109 LN 21
<b>Total Agriculture and Land Stewardship</b>	<u>\$ 0</u>	<u>\$ 0</u>	<u>\$ 0</u>	<u>\$ 0</u>	<u>\$ 0</u>	<u>\$ 100,000</u>	<u>\$ 100,000</u>	
<b>Total Health and Human Services</b>	<u><u>\$ 1,903,078,965</u></u>	<u><u>\$ 1,833,474,878</u></u>	<u><u>\$ 0</u></u>	<u><u>\$ 1,833,474,878</u></u>	<u><u>\$ 1,860,532,421</u></u>	<u><u>\$ 1,836,973,531</u></u>	<u><u>\$ 3,498,653</u></u>	

Summary Data  
Other Funds

	Actual FY 2015	Estimated FY 2016	Supp-Final Action FY 2016	2016 Est Net	Gov Rec FY 2017	Final Action FY 2017	Final Action vs. Est 2016	Page and Line #
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Health and Human Services	\$ 435,212,954	\$ 431,519,494	\$ 0	\$ 431,519,494	\$ 438,296,213	\$ 439,096,213	\$ 7,576,719	
Grand Total	\$ 435,212,954	\$ 431,519,494	\$ 0	\$ 431,519,494	\$ 438,296,213	\$ 439,096,213	\$ 7,576,719	

# Health and Human Services

## Other Funds

	Actual FY 2015	Estimated FY 2016	Supp-Final Action FY 2016	2016 Est Net	Gov Rec FY 2017	Final Action FY 2017	Final Action vs. Est 2016	Page and Line #
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
<b>Human Services, Dept. of</b>								
<b>General Administration</b>								
FIP-TANF	\$ 6,281,222	\$ 5,136,995	\$ 0	\$ 5,136,995	\$ 5,112,462	\$ 5,112,462	\$ -24,533	PG 22 LN 22
Promise Jobs-TANF	10,232,340	10,138,178	0	10,138,178	5,575,693	5,575,693	-4,562,485	PG 22 LN 27
FaDDS-TANF	2,898,980	2,898,980	0	2,898,980	2,898,980	2,898,980	0	PG 22 LN 33
Field Operations-TANF	31,296,232	31,296,232	0	31,296,232	31,296,232	35,774,331	4,478,099	PG 23 LN 6
General Administration-TANF	3,744,000	3,744,000	0	3,744,000	3,744,000	3,744,000	0	PG 23 LN 9
Child Care Assistance -TANF	41,210,239	35,047,110	0	35,047,110	41,666,826	46,866,826	11,819,716	PG 23 LN 12
MH/DD Comm. Services-TANF	4,894,052	4,894,052	0	4,894,052	0	0	-4,894,052	PG 23 LN 35
Child & Family Services-TANF	32,084,430	32,084,430	0	32,084,430	36,978,482	37,256,580	5,172,150	PG 24 LN 1
Child Abuse Prevention-TANF	125,000	125,000	0	125,000	125,000	125,000	0	PG 24 LN 4
Training & Technology-TANF	1,037,186	1,037,186	0	1,037,186	1,037,186	1,037,186	0	PG 24 LN 24
FIP Eligibility System-TANF	6,549,549	6,654,880	0	6,654,880	15,611,077	5,654,880	-1,000,000	PG 24 LN 29
<b>Total General Administration</b>	<b>\$ 140,353,230</b>	<b>\$ 133,057,043</b>	<b>\$ 0</b>	<b>\$ 133,057,043</b>	<b>\$ 144,045,938</b>	<b>\$ 144,045,938</b>	<b>\$ 10,988,895</b>	
<b>Assistance</b>								
Pregnancy Prevention-TANF	\$ 1,930,067	\$ 1,930,067	\$ 0	\$ 1,930,067	\$ 1,930,067	\$ 1,930,067	\$ 0	PG 24 LN 7
Promoting Healthy Marriage - TANF	25,000	25,000	0	25,000	25,000	25,000	0	PG 25 LN 29
Medical Assistance - HCTF	223,277,860	222,100,000	0	222,100,000	219,890,000	219,890,000	-2,210,000	
Medical Contracts-Pharm Settlement - PhSA	5,467,564	2,002,176	0	2,002,176	500,000	1,300,000	-702,176	PG 67 LN 37
Medical Assistance - QATF	29,195,653	37,205,208	0	37,205,208	36,705,208	36,705,208	-500,000	PG 68 LN 12
Medical Assistance-HHCAT	34,570,769	34,700,000	0	34,700,000	34,700,000	34,700,000	0	PG 68 LN 27
Medicaid Supplemental - MFF	392,810	500,000	0	500,000	500,000	500,000	0	
<b>Total Assistance</b>	<b>\$ 294,859,724</b>	<b>\$ 298,462,451</b>	<b>\$ 0</b>	<b>\$ 298,462,451</b>	<b>\$ 294,250,275</b>	<b>\$ 295,050,275</b>	<b>\$ -3,412,176</b>	
<b>Total Human Services, Dept. of</b>	<b>\$ 435,212,954</b>	<b>\$ 431,519,494</b>	<b>\$ 0</b>	<b>\$ 431,519,494</b>	<b>\$ 438,296,213</b>	<b>\$ 439,096,213</b>	<b>\$ 7,576,719</b>	
<b>Total Health and Human Services</b>	<b>\$ 435,212,954</b>	<b>\$ 431,519,494</b>	<b>\$ 0</b>	<b>\$ 431,519,494</b>	<b>\$ 438,296,213</b>	<b>\$ 439,096,213</b>	<b>\$ 7,576,719</b>	



Summary Data  
FTE Positions

	Actual FY 2015	Estimated FY 2016	Supp-Final Action FY 2016	2016 Est Net	Gov Rec FY 2017	Final Action FY 2017	Final Action vs. Est 2016	Page and Line #
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Health and Human Services	4,679.30	4,829.53	0.00	4,829.53	4,829.50	5,070.59	241.06	
Grand Total	4,679.30	4,829.53	0.00	4,829.53	4,829.50	5,070.59	241.06	

Health and Human Services  
FTE Positions

	Actual FY 2015	Estimated FY 2016	Supp-Final Action FY 2016	2016 Est Net	Gov Rec FY 2017	Final Action FY 2017	Final Action vs. Est 2016	Page and Line #
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
<b><u>Aging, Dept. on</u></b>								
<b>Aging, Dept. on</b>								
Aging Programs	25.50	27.02	0.00	27.02	27.00	31.00	3.98	PG 1 LN 8
Office of LTC Resident's Advocate	11.86	14.98	0.00	14.98	15.00	18.00	3.02	PG 3 LN 29
<b>Total Aging, Dept. on</b>	<b>37.35</b>	<b>42.00</b>	<b>0.00</b>	<b>42.00</b>	<b>42.00</b>	<b>49.00</b>	<b>7.00</b>	
<b><u>Public Health, Dept. of</u></b>								
<b>Public Health, Dept. of</b>								
Addictive Disorders	7.46	10.00	0.00	10.00	10.00	10.00	0.00	PG 4 LN 23
Healthy Children and Families	10.82	12.00	0.00	12.00	12.00	12.00	0.00	PG 8 LN 21
Chronic Conditions	4.45	5.00	0.00	5.00	5.00	5.00	0.00	PG 10 LN 24
Community Capacity	7.74	11.00	0.00	11.00	10.65	13.00	2.00	PG 12 LN 29
Environmental Hazards	3.54	0.00	0.00	0.00	0.00	0.00	0.00	
Infectious Diseases	1.77	4.00	0.00	4.00	4.00	4.00	0.00	PG 18 LN 19
Public Protection	127.52	136.00	0.00	136.00	136.35	137.00	1.00	PG 18 LN 26
Resource Management	2.98	4.00	0.00	4.00	4.00	4.00	0.00	PG 19 LN 21
<b>Total Public Health, Dept. of</b>	<b>166.30</b>	<b>182.00</b>	<b>0.00</b>	<b>182.00</b>	<b>182.00</b>	<b>185.00</b>	<b>3.00</b>	
<b><u>Veterans Affairs, Dept. of</u></b>								
<b>Veterans Affairs, Dept. of</b>								
General Administration	12.97	15.00	0.00	15.00	15.00	15.00	0.00	PG 20 LN 28
<b>Total Veterans Affairs, Dept. of</b>	<b>12.97</b>	<b>15.00</b>	<b>0.00</b>	<b>15.00</b>	<b>15.00</b>	<b>15.00</b>	<b>0.00</b>	
<b><u>Human Services, Dept. of</u></b>								
<b>Assistance</b>								
Family Investment Program/JOBS	8.03	10.00	0.00	10.00	10.00	0.00	-10.00	PG 28 LN 33
Child Care Assistance	3.44	0.00	0.00	0.00	0.00	0.00	0.00	PG 42 LN 27
Medical Assistance	13.38	15.00	0.00	15.00	15.00	0.00	-15.00	PG 31 LN 32
Medical Contracts	3.01	0.00	0.00	0.00	0.00	0.00	0.00	PG 39 LN 20
Child and Family Services	3.87	0.00	0.00	0.00	0.00	0.00	0.00	PG 45 LN 23
<b>Total Assistance</b>	<b>31.73</b>	<b>25.00</b>	<b>0.00</b>	<b>25.00</b>	<b>25.00</b>	<b>0.00</b>	<b>-25.00</b>	
<b>Eldora Training School</b>								
Eldora Training School	156.81	169.30	0.00	169.30	169.30	188.30	19.00	PG 44 LN 36

Health and Human Services  
FTE Positions

	Actual FY 2015	Estimated FY 2016	Supp-Final Action FY 2016	2016 Est Net	Gov Rec FY 2017	Final Action FY 2017	Final Action vs. Est 2016	Page and Line #
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
<b>Cherokee</b>								
Cherokee MHI	164.90	169.20	0.00	169.20	169.20	169.20	0.00	PG 53 LN 26
<b>Clarinda</b>								
Clarinda MHI	75.23	0.00	0.00	0.00	0.00	0.00	0.00	
<b>Independence</b>								
Independence MHI	224.25	233.00	0.00	233.00	233.00	233.00	0.00	PG 53 LN 33
<b>Mount Pleasant</b>								
Mt Pleasant MHI	76.17	0.00	0.00	0.00	0.00	0.00	0.00	
<b>Glenwood</b>								
Glenwood Resource Center	802.32	846.12	0.00	846.12	846.12	846.12	0.00	PG 54 LN 9
<b>Woodward</b>								
Woodward Resource Center	594.38	642.47	0.00	642.47	642.47	642.47	0.00	PG 54 LN 13
<b>Cherokee CCUSO</b>								
Civil Commitment Unit for Sexual Offenders	93.16	132.50	0.00	132.50	132.50	132.50	0.00	PG 55 LN 15
<b>Field Operations</b>								
Child Support Recoveries	440.34	459.00	0.00	459.00	459.00	464.00	5.00	PG 30 LN 30
Field Operations	1,555.27	1,621.00	0.00	1,621.00	1,621.00	1,837.00	216.00	PG 56 LN 2
<b>Total Field Operations</b>	1,995.60	2,080.00	0.00	2,080.00	2,080.00	2,301.00	221.00	
<b>General Administration</b>								
General Administration	248.14	292.94	0.00	292.94	292.91	309.00	16.06	PG 56 LN 19
<b>Total Human Services, Dept. of</b>	4,462.68	4,590.53	0.00	4,590.53	4,590.50	4,821.59	231.06	
<b>Total Health and Human Services</b>	4,679.30	4,829.53	0.00	4,829.53	4,829.50	5,070.59	241.06	

Summary Data  
General Fund

	Actual FY 2015	Estimated FY 2016	Supp-Final Action FY 2016	2016 Est Net	Gov Rec FY 2017	Final Action FY 2017	Final Action vs. Est 2016	Page and Line #
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Health and Human Services	\$ 1,903,078,965	\$ 1,833,474,878	\$ 0	\$ 1,833,474,878	\$ 1,860,532,421	\$ 1,836,973,531	\$ 3,498,653	
Grand Total	\$ 1,903,078,965	\$ 1,833,474,878	\$ 0	\$ 1,833,474,878	\$ 1,860,532,421	\$ 1,836,973,531	\$ 3,498,653	

Health and Human Services  
General Fund

	Actual FY 2015	Estimated FY 2016	Supp-Final Action FY 2016	2016 Est Net	Gov Rec FY 2017	Final Action FY 2017	Final Action vs. Est 2016	Page and Line #
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
<b><u>Aging, Dept. on</u></b>								
<b>Aging, Dept. on</b>								
Aging Programs	\$ 11,419,732	\$ 11,399,732	\$ 0	\$ 11,399,732	\$ 11,436,066	\$ 12,548,603	\$ 1,148,871	PG 1 LN 8
Office of LTC Resident's Advocate	929,315	1,276,783	0	1,276,783	1,276,783	1,376,783	100,000	PG 3 LN 29
Food Security for Older Individuals	250,000	0	0	0	0	0	0	
<b>Total Aging, Dept. on</b>	<b>\$ 12,599,047</b>	<b>\$ 12,676,515</b>	<b>\$ 0</b>	<b>\$ 12,676,515</b>	<b>\$ 12,712,849</b>	<b>\$ 13,925,386</b>	<b>\$ 1,248,871</b>	
<b><u>Public Health, Dept. of</u></b>								
<b>Public Health, Dept. of</b>								
Addictive Disorders	\$ 27,263,690	\$ 27,263,690	\$ 0	\$ 27,263,690	\$ 26,988,690	\$ 26,988,690	\$ -275,000	PG 4 LN 23
Healthy Children and Families	4,046,602	4,617,543	0	4,617,543	4,617,543	5,693,774	1,076,231	PG 8 LN 21
Chronic Conditions	5,155,692	4,955,692	0	4,955,692	4,930,692	5,080,692	125,000	PG 10 LN 24
Community Capacity	8,737,910	8,821,335	0	8,821,335	7,239,136	7,339,136	-1,482,199	PG 12 LN 29
Healthy Aging	7,297,142	7,297,142	0	7,297,142	7,297,142	7,297,142	0	PG 18 LN 12
Infectious Diseases	1,335,155	1,335,155	0	1,335,155	1,335,155	1,335,155	0	PG 18 LN 19
Public Protection	3,287,127	4,339,191	0	4,339,191	4,399,191	4,399,191	60,000	PG 18 LN 26
Resource Management	855,072	855,072	0	855,072	1,005,072	1,005,072	150,000	PG 19 LN 21
Congenital & Inherited Disorders Registry	215,055	232,500	0	232,500	232,500	232,500	0	
Environmental Hazards	803,870	0	0	0	0	0	0	
<b>Total Public Health, Dept. of</b>	<b>\$ 58,997,315</b>	<b>\$ 59,717,320</b>	<b>\$ 0</b>	<b>\$ 59,717,320</b>	<b>\$ 58,045,121</b>	<b>\$ 59,371,352</b>	<b>\$ -345,968</b>	
<b><u>Veterans Affairs, Dept. of</u></b>								
<b>Veterans Affairs, Dept. of</b>								
General Administration	\$ 1,095,951	\$ 1,200,546	\$ 0	\$ 1,200,546	\$ 1,200,546	\$ 1,200,546	\$ 0	PG 20 LN 28
Vets Home Ownership Program	2,500,000	2,500,000	0	2,500,000	2,500,000	2,500,000	0	PG 21 LN 27
Veterans County Grants	990,000	990,000	0	990,000	990,000	990,000	0	PG 21 LN 34
<b>Total Veterans Affairs, Dept. of</b>	<b>\$ 4,585,951</b>	<b>\$ 4,690,546</b>	<b>\$ 0</b>	<b>\$ 4,690,546</b>	<b>\$ 4,690,546</b>	<b>\$ 4,690,546</b>	<b>\$ 0</b>	
<b>Veterans Affairs, Dept. of</b>								
Iowa Veterans Home	\$ 7,594,996	\$ 7,594,996	\$ 0	\$ 7,594,996	\$ 7,594,996	\$ 7,594,996	\$ 0	PG 21 LN 5
<b>Total Veterans Affairs, Dept. of</b>	<b>\$ 12,180,947</b>	<b>\$ 12,285,542</b>	<b>\$ 0</b>	<b>\$ 12,285,542</b>	<b>\$ 12,285,542</b>	<b>\$ 12,285,542</b>	<b>\$ 0</b>	

# Health and Human Services

## General Fund

	Actual FY 2015	Estimated FY 2016	Supp-Final Action FY 2016	2016 Est Net	Gov Rec FY 2017	Final Action FY 2017	Final Action vs. Est 2016	Page and Line #
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
<b>Human Services, Dept. of</b>								
<b>Assistance</b>								
Family Investment Program/JOBS	\$ 48,693,875	\$ 48,673,875	\$ -3,900,000	\$ 44,773,875	\$ 48,673,875	\$ 48,673,875	\$ 0	PG 28 LN 33
Medical Assistance	1,309,486,529	1,303,191,564	0	1,303,191,564	1,326,546,446	1,318,246,446	15,054,882	PG 31 LN 32
Medicaid Supplemental - HF2460	0	0	15,000,000	15,000,000	0	0	0	
Medical Contracts	17,148,576	19,613,964	0	19,613,964	19,113,964	17,045,964	-2,568,000	PG 39 LN 20
State Supplementary Assistance	14,121,154	12,997,187	-1,100,000	11,897,187	11,611,442	11,611,442	-1,385,745	PG 41 LN 13
State Children's Health Insurance	45,877,998	20,413,844	0	20,413,844	9,176,652	9,176,652	-11,237,192	PG 42 LN 9
Child Care Assistance	36,303,944	51,408,668	-10,000,000	41,408,668	49,889,790	36,389,561	-15,019,107	PG 42 LN 27
Child and Family Services	94,857,554	85,341,938	0	85,341,938	86,133,749	84,482,419	-859,519	PG 45 LN 23
Adoption Subsidy	42,580,749	42,998,286	0	42,998,286	43,046,664	43,046,664	48,378	PG 51 LN 15
Family Support Subsidy	1,079,739	1,073,932	0	1,073,932	1,069,282	1,069,282	-4,650	PG 52 LN 13
Conners Training	33,632	33,632	0	33,632	33,632	33,632	0	PG 53 LN 5
Volunteers	84,686	84,686	0	84,686	84,686	84,686	0	PG 58 LN 1
MHDS Equalization	30,555,823	0	0	0	0	0	0	
Child Abuse Prevention	215,125	232,570	0	232,570	232,570	232,570	0	
Juv CINA/Female Adjud Delinquent Placements	2,000,000	0	0	0	0	0	0	
MHDS Regional Funding	1,040,000	0	0	0	0	0	0	
Mental Health Grant - Eastern Iowa	0	0	0	0	0	500,000	500,000	PG 93 LN 36
Mental Health Grant - Polk County	0	0	0	0	0	2,500,000	2,500,000	PG 94 LN 15
<b>Total Assistance</b>	<b>\$ 1,644,079,384</b>	<b>\$ 1,586,064,146</b>	<b>\$ 0</b>	<b>\$ 1,586,064,146</b>	<b>\$ 1,595,612,752</b>	<b>\$ 1,573,093,193</b>	<b>\$ -12,970,953</b>	
<b>Toledo Juvenile Home</b>								
Toledo Juvenile Home	\$ 507,766	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	
<b>Eldora Training School</b>								
Eldora Training School	\$ 12,358,285	\$ 12,233,420	\$ 0	\$ 12,233,420	\$ 12,233,420	\$ 12,233,420	\$ 0	PG 44 LN 36
<b>Cherokee</b>								
Cherokee MHI	\$ 6,031,934	\$ 5,545,616	\$ 0	\$ 5,545,616	\$ 14,644,041	\$ 14,644,041	\$ 9,098,425	PG 53 LN 26
<b>Clarinda</b>								
Clarinda MHI	\$ 6,787,309	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	
<b>Independence</b>								
Independence MHI	\$ 10,484,386	\$ 10,324,209	\$ 0	\$ 10,324,209	\$ 18,552,103	\$ 18,552,103	\$ 8,227,894	PG 53 LN 33
<b>Mount Pleasant</b>								
Mt Pleasant MHI	\$ 1,417,796	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	

Health and Human Services  
General Fund

	Actual FY 2015	Estimated FY 2016	Supp-Final Action FY 2016	2016 Est Net	Gov Rec FY 2017	Final Action FY 2017	Final Action vs. Est 2016	Page and Line #
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
<b>Glenwood</b>								
Glenwood Resource Center	\$ 21,695,266	\$ 21,524,482	\$ 0	\$ 21,524,482	\$ 20,719,486	\$ 20,719,486	\$ -804,996	PG 54 LN 9
<b>Woodward</b>								
Woodward Resource Center	\$ 14,855,693	\$ 14,583,806	\$ 0	\$ 14,583,806	\$ 14,053,011	\$ 14,053,011	\$ -530,795	PG 54 LN 13
<b>Cherokee CCUSO</b>								
Civil Commitment Unit for Sexual Offenders	\$ 9,923,563	\$ 9,893,079	\$ 0	\$ 9,893,079	\$ 10,193,079	\$ 10,193,079	\$ 300,000	PG 55 LN 15
<b>Field Operations</b>								
Child Support Recoveries	\$ 14,911,230	\$ 14,663,373	\$ 0	\$ 14,663,373	\$ 14,663,373	\$ 14,663,373	\$ 0	PG 30 LN 30
Field Operations	61,170,976	58,920,976	0	58,920,976	58,920,976	54,442,877	-4,478,099	PG 56 LN 2
<b>Total Field Operations</b>	<u>\$ 76,082,206</u>	<u>\$ 73,584,349</u>	<u>\$ 0</u>	<u>\$ 73,584,349</u>	<u>\$ 73,584,349</u>	<u>\$ 69,106,250</u>	<u>\$ -4,478,099</u>	
<b>General Administration</b>								
General Administration	\$ 15,072,302	\$ 14,898,198	\$ 0	\$ 14,898,198	\$ 14,873,198	\$ 15,673,198	\$ 775,000	PG 56 LN 19
DHS Facilities	0	0	0	0	2,879,274	2,879,274	2,879,274	PG 57 LN 28
Commission of Inquiry	0	1,394	0	1,394	1,394	1,394	0	
Nonresident Commitment Mental Illness	5,766	142,802	0	142,802	142,802	142,802	0	
<b>Total General Administration</b>	<u>\$ 15,078,068</u>	<u>\$ 15,042,394</u>	<u>\$ 0</u>	<u>\$ 15,042,394</u>	<u>\$ 17,896,668</u>	<u>\$ 18,696,668</u>	<u>\$ 3,654,274</u>	
<b>Total Human Services, Dept. of</b>	<u>\$ 1,819,301,656</u>	<u>\$ 1,748,795,501</u>	<u>\$ 0</u>	<u>\$ 1,748,795,501</u>	<u>\$ 1,777,488,909</u>	<u>\$ 1,751,291,251</u>	<u>\$ 2,495,750</u>	
<b><u>Agriculture and Land Stewardship</u></b>								
<b>Agriculture and Land Stewardship</b>								
Food Banks	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 100,000	\$ 100,000	PG 109 LN 21
<b>Total Agriculture and Land Stewardship</b>	<u>\$ 0</u>	<u>\$ 0</u>	<u>\$ 0</u>	<u>\$ 0</u>	<u>\$ 0</u>	<u>\$ 100,000</u>	<u>\$ 100,000</u>	
<b>Total Health and Human Services</b>	<u><u>\$ 1,903,078,965</u></u>	<u><u>\$ 1,833,474,878</u></u>	<u><u>\$ 0</u></u>	<u><u>\$ 1,833,474,878</u></u>	<u><u>\$ 1,860,532,421</u></u>	<u><u>\$ 1,836,973,531</u></u>	<u><u>\$ 3,498,653</u></u>	

Summary Data  
Other Funds

	Actual FY 2015	Estimated FY 2016	Supp-Final Action FY 2016	2016 Est Net	Gov Rec FY 2017	Final Action FY 2017	Final Action vs. Est 2016	Page and Line #
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Health and Human Services	\$ 435,212,954	\$ 431,519,494	\$ 0	\$ 431,519,494	\$ 438,296,213	\$ 439,096,213	\$ 7,576,719	
Grand Total	\$ 435,212,954	\$ 431,519,494	\$ 0	\$ 431,519,494	\$ 438,296,213	\$ 439,096,213	\$ 7,576,719	



# Health and Human Services

## Other Funds

	Actual FY 2015	Estimated FY 2016	Supp-Final Action FY 2016	2016 Est Net	Gov Rec FY 2017	Final Action FY 2017	Final Action vs. Est 2016	Page and Line #
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
<b>Human Services, Dept. of</b>								
<b>General Administration</b>								
FIP-TANF	\$ 6,281,222	\$ 5,136,995	\$ 0	\$ 5,136,995	\$ 5,112,462	\$ 5,112,462	\$ -24,533	PG 22 LN 22
Promise Jobs-TANF	10,232,340	10,138,178	0	10,138,178	5,575,693	5,575,693	-4,562,485	PG 22 LN 27
FaDDS-TANF	2,898,980	2,898,980	0	2,898,980	2,898,980	2,898,980	0	PG 22 LN 33
Field Operations-TANF	31,296,232	31,296,232	0	31,296,232	31,296,232	35,774,331	4,478,099	PG 23 LN 6
General Administration-TANF	3,744,000	3,744,000	0	3,744,000	3,744,000	3,744,000	0	PG 23 LN 9
Child Care Assistance -TANF	41,210,239	35,047,110	0	35,047,110	41,666,826	46,866,826	11,819,716	PG 23 LN 12
MH/DD Comm. Services-TANF	4,894,052	4,894,052	0	4,894,052	0	0	-4,894,052	PG 23 LN 35
Child & Family Services-TANF	32,084,430	32,084,430	0	32,084,430	36,978,482	37,256,580	5,172,150	PG 24 LN 1
Child Abuse Prevention-TANF	125,000	125,000	0	125,000	125,000	125,000	0	PG 24 LN 4
Training & Technology-TANF	1,037,186	1,037,186	0	1,037,186	1,037,186	1,037,186	0	PG 24 LN 24
FIP Eligibility System-TANF	6,549,549	6,654,880	0	6,654,880	15,611,077	5,654,880	-1,000,000	PG 24 LN 29
<b>Total General Administration</b>	<b>\$ 140,353,230</b>	<b>\$ 133,057,043</b>	<b>\$ 0</b>	<b>\$ 133,057,043</b>	<b>\$ 144,045,938</b>	<b>\$ 144,045,938</b>	<b>\$ 10,988,895</b>	
<b>Assistance</b>								
Pregnancy Prevention-TANF	\$ 1,930,067	\$ 1,930,067	\$ 0	\$ 1,930,067	\$ 1,930,067	\$ 1,930,067	\$ 0	PG 24 LN 7
Promoting Healthy Marriage - TANF	25,000	25,000	0	25,000	25,000	25,000	0	PG 25 LN 29
Medical Assistance - HCTF	223,277,860	222,100,000	0	222,100,000	219,890,000	219,890,000	-2,210,000	
Medical Contracts-Pharm Settlement - PhSA	5,467,564	2,002,176	0	2,002,176	500,000	1,300,000	-702,176	PG 67 LN 37
Medical Assistance - QATF	29,195,653	37,205,208	0	37,205,208	36,705,208	36,705,208	-500,000	PG 68 LN 12
Medical Assistance-HHCAT	34,570,769	34,700,000	0	34,700,000	34,700,000	34,700,000	0	PG 68 LN 27
Medicaid Supplemental - MFF	392,810	500,000	0	500,000	500,000	500,000	0	
<b>Total Assistance</b>	<b>\$ 294,859,724</b>	<b>\$ 298,462,451</b>	<b>\$ 0</b>	<b>\$ 298,462,451</b>	<b>\$ 294,250,275</b>	<b>\$ 295,050,275</b>	<b>\$ -3,412,176</b>	
<b>Total Human Services, Dept. of</b>	<b>\$ 435,212,954</b>	<b>\$ 431,519,494</b>	<b>\$ 0</b>	<b>\$ 431,519,494</b>	<b>\$ 438,296,213</b>	<b>\$ 439,096,213</b>	<b>\$ 7,576,719</b>	
<b>Total Health and Human Services</b>	<b>\$ 435,212,954</b>	<b>\$ 431,519,494</b>	<b>\$ 0</b>	<b>\$ 431,519,494</b>	<b>\$ 438,296,213</b>	<b>\$ 439,096,213</b>	<b>\$ 7,576,719</b>	

Summary Data  
FTE Positions

	Actual FY 2015	Estimated FY 2016	Supp-Final Action FY 2016	2016 Est Net	Gov Rec FY 2017	Final Action FY 2017	Final Action vs. Est 2016	Page and Line #
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Health and Human Services	4,679.30	4,829.53	0.00	4,829.53	4,829.50	5,070.59	241.06	
Grand Total	4,679.30	4,829.53	0.00	4,829.53	4,829.50	5,070.59	241.06	

Health and Human Services  
FTE Positions

	Actual FY 2015	Estimated FY 2016	Supp-Final Action FY 2016	2016 Est Net	Gov Rec FY 2017	Final Action FY 2017	Final Action vs. Est 2016	Page and Line #
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
<b><u>Aging, Dept. on</u></b>								
<b>Aging, Dept. on</b>								
Aging Programs	25.50	27.02	0.00	27.02	27.00	31.00	3.98	PG 1 LN 8
Office of LTC Resident's Advocate	11.86	14.98	0.00	14.98	15.00	18.00	3.02	PG 3 LN 29
<b>Total Aging, Dept. on</b>	<b>37.35</b>	<b>42.00</b>	<b>0.00</b>	<b>42.00</b>	<b>42.00</b>	<b>49.00</b>	<b>7.00</b>	
<b><u>Public Health, Dept. of</u></b>								
<b>Public Health, Dept. of</b>								
Addictive Disorders	7.46	10.00	0.00	10.00	10.00	10.00	0.00	PG 4 LN 23
Healthy Children and Families	10.82	12.00	0.00	12.00	12.00	12.00	0.00	PG 8 LN 21
Chronic Conditions	4.45	5.00	0.00	5.00	5.00	5.00	0.00	PG 10 LN 24
Community Capacity	7.74	11.00	0.00	11.00	10.65	13.00	2.00	PG 12 LN 29
Environmental Hazards	3.54	0.00	0.00	0.00	0.00	0.00	0.00	
Infectious Diseases	1.77	4.00	0.00	4.00	4.00	4.00	0.00	PG 18 LN 19
Public Protection	127.52	136.00	0.00	136.00	136.35	137.00	1.00	PG 18 LN 26
Resource Management	2.98	4.00	0.00	4.00	4.00	4.00	0.00	PG 19 LN 21
<b>Total Public Health, Dept. of</b>	<b>166.30</b>	<b>182.00</b>	<b>0.00</b>	<b>182.00</b>	<b>182.00</b>	<b>185.00</b>	<b>3.00</b>	
<b><u>Veterans Affairs, Dept. of</u></b>								
<b>Veterans Affairs, Dept. of</b>								
General Administration	12.97	15.00	0.00	15.00	15.00	15.00	0.00	PG 20 LN 28
<b>Total Veterans Affairs, Dept. of</b>	<b>12.97</b>	<b>15.00</b>	<b>0.00</b>	<b>15.00</b>	<b>15.00</b>	<b>15.00</b>	<b>0.00</b>	
<b><u>Human Services, Dept. of</u></b>								
<b>Assistance</b>								
Family Investment Program/JOBS	8.03	10.00	0.00	10.00	10.00	0.00	-10.00	PG 28 LN 33
Child Care Assistance	3.44	0.00	0.00	0.00	0.00	0.00	0.00	PG 42 LN 27
Medical Assistance	13.38	15.00	0.00	15.00	15.00	0.00	-15.00	PG 31 LN 32
Medical Contracts	3.01	0.00	0.00	0.00	0.00	0.00	0.00	PG 39 LN 20
Child and Family Services	3.87	0.00	0.00	0.00	0.00	0.00	0.00	PG 45 LN 23
<b>Total Assistance</b>	<b>31.73</b>	<b>25.00</b>	<b>0.00</b>	<b>25.00</b>	<b>25.00</b>	<b>0.00</b>	<b>-25.00</b>	
<b>Eldora Training School</b>								
Eldora Training School	156.81	169.30	0.00	169.30	169.30	188.30	19.00	PG 44 LN 36

Health and Human Services  
FTE Positions

	Actual FY 2015	Estimated FY 2016	Supp-Final Action FY 2016	2016 Est Net	Gov Rec FY 2017	Final Action FY 2017	Final Action vs. Est 2016	Page and Line #
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
<b>Cherokee</b>								
Cherokee MHI	164.90	169.20	0.00	169.20	169.20	169.20	0.00	PG 53 LN 26
<b>Clarinda</b>								
Clarinda MHI	75.23	0.00	0.00	0.00	0.00	0.00	0.00	
<b>Independence</b>								
Independence MHI	224.25	233.00	0.00	233.00	233.00	233.00	0.00	PG 53 LN 33
<b>Mount Pleasant</b>								
Mt Pleasant MHI	76.17	0.00	0.00	0.00	0.00	0.00	0.00	
<b>Glenwood</b>								
Glenwood Resource Center	802.32	846.12	0.00	846.12	846.12	846.12	0.00	PG 54 LN 9
<b>Woodward</b>								
Woodward Resource Center	594.38	642.47	0.00	642.47	642.47	642.47	0.00	PG 54 LN 13
<b>Cherokee CCUSO</b>								
Civil Commitment Unit for Sexual Offenders	93.16	132.50	0.00	132.50	132.50	132.50	0.00	PG 55 LN 15
<b>Field Operations</b>								
Child Support Recoveries	440.34	459.00	0.00	459.00	459.00	464.00	5.00	PG 30 LN 30
Field Operations	1,555.27	1,621.00	0.00	1,621.00	1,621.00	1,837.00	216.00	PG 56 LN 2
<b>Total Field Operations</b>	1,995.60	2,080.00	0.00	2,080.00	2,080.00	2,301.00	221.00	
<b>General Administration</b>								
General Administration	248.14	292.94	0.00	292.94	292.91	309.00	16.06	PG 56 LN 19
<b>Total Human Services, Dept. of</b>	4,462.68	4,590.53	0.00	4,590.53	4,590.50	4,821.59	231.06	
<b>Total Health and Human Services</b>	4,679.30	4,829.53	0.00	4,829.53	4,829.50	5,070.59	241.06	